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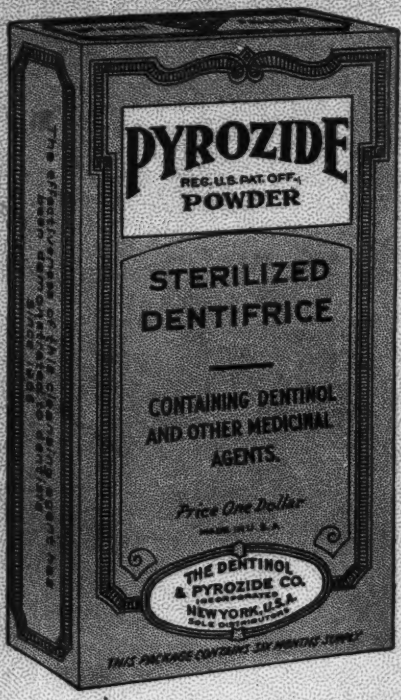

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ORAL HYGIENE

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A Journal for Dentists

EIGHTEENTH YEAR | APRIL 1928 | VOL. 18, NO. 4

—Keystone Photo.

They used actually to extract teeth with this crude-looking instrument which is now one of the prize relics of the Tennessee Historical Society of Nashville.

"I have a patient in the

By Frank H. Williams

TWO men were recently discussing teeth and dentists at their club.

"Do you know what's the most annoying thing a dentist can do, so far as I'm concerned?" questioned the first of the men.

"Overcharge you?" suggested the second, with a grin.

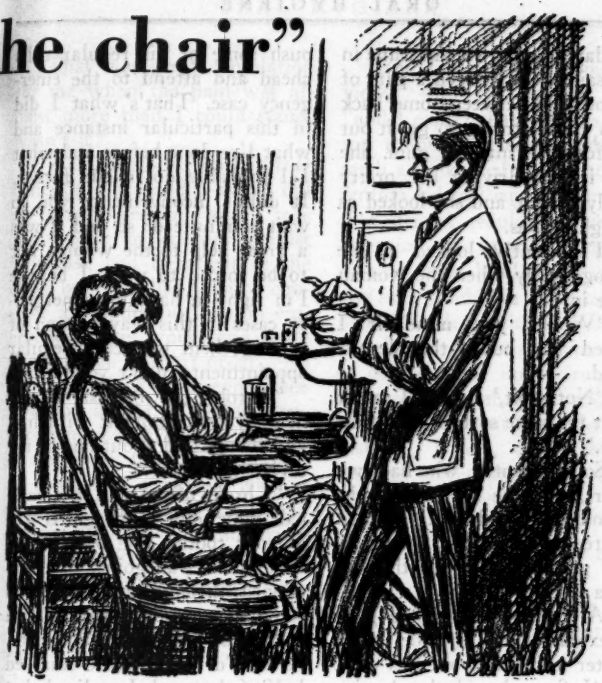
"No, I've never found my dentists charging me more than I figured the work was actually worth," said the first speaker. "The fees the dentists charge for work do not get my goat particularly, but I'll tell you what does. The thing that annoys me and irritates me more than anything in the world is to go to a dentist when I'm suffering with toothache or when, perhaps, I've got something wedged between my teeth and can't get it out, and then have the dentist tell me that he can't do anything for me at the time because he already has a patient in the chair. That sort of thing makes me red-headed and makes me feel like ripping up the place. There isn't anything in the world more annoying to me than to have a dentist spring that sort of thing on me when I'm in need of his immediate help."

"But," said the second man, "you must look at the thing from the viewpoint of the dentist. The dentist is really working on time. That is, he sells his time to his patients. It would hardly be fair to the patient who is in the chair to take that patient's time to attend to you, even if you are suffering, would it?"

"Bah! That's the bunk!" cried the first man. "I know the dentist thinks he sells his time, but he doesn't, as a matter of fact. The dentist actually sells piece work. He makes a flat price to a patient on some certain kind of work and then does the job as speedily as he can, consistent with good workmanship. The patient doesn't control the dentist's time at all except that at a certain definite time the patient is supposed to get into the dentist's chair for the start of the work. But, as a matter of fact, it is often the case that the patient will be kept waiting. And, of course, the patient doesn't know, when getting into the chair, how long the dentist will work on him. All the patient knows is that there is certain work to be done which is going to cost him a certain definite fee and he wants to get it over with as soon as possible, of course. So this thing of robbing the patient of his time if the dentist stops to look at some sufferer is simply the bunk.

"Of course, I know that the

the chair"



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He put the woman in the second chair, and in a jiffy had given her relief. She was very grateful and thanked me too.

dentist couldn't be stopping all the time during a sitting to look at other people's teeth and to relieve their distress but how many times in the course of a day or a week or a month will the dentist be called on for that sort of thing? Not very often, I'll wager. And it does seem pretty rotten treatment to me for a sufferer to come into a dentist's office expecting relief and then find himself forced to wait a half day or even a day or maybe twenty-four hours before getting any attention at all. I don't believe that the average patient would at all resent the dentist's courtesy in relieving a sufferer when called upon to do so. In fact I believe that most patients like to have the dentist do that sort of thing because the patients figure that, some day, they may be in the same boat as the sufferer.

"One of the dentists I used to go to had a good slant on the proposition, I think. I was in the chair in this dentist's office

one day when a woman came in and said she'd wedged a part of a toothpick between some back teeth and in trying to get it out had forced it into her gum. She said it was driving her pretty nearly frantic and she looked as though it was.

"The dentist looked at me apologetically when the woman came in.

" 'Would you mind if I helped her out?' the dentist asked.

" 'Not a bit,' I said. 'I might want the same sort of help some time.'

"So this dentist, who had two chairs, put the woman in the second chair and in a jiffy had secured relief for her. She surely was grateful and she thanked me a lot too.

"After the woman had gone he explained his attitude in the matter to me in about this way:

" 'I figure,' said the dentist, 'that I'm something of a semi-public character. In other words, the public is privileged to come into this office at any time during office hours with the right to expect service. There are two kinds of service—regular routine work and emergency service. I feel that I should be ready and willing to render both kinds of service at any time just as a regular physician is ready to render both kinds of service. You know, if a physician was called on to help a man who'd been hurt in an accident he wouldn't tell the sufferer to come around the next day at a regular appointment. Not at all, the physician would push some of his regular calls ahead and attend to the emergency case. That's what I did in this particular instance and what I've done before and what I'll probably do in the future. It didn't inconvenience you to wait a minute or so and it was a great help to the woman not to be forced to wait. I believe I'm right in handling emergency cases in this way instead of forcing them to secure regular appointments, don't you?'

"I told the dentist I was heartily in agreement with him and then I told about one of my own experiences.

"I broke off a tooth in a baseball game some years ago. It was a front tooth. The ball that I thought I was going to catch slipped through my fingers in some way and landed with a dull thud on my front teeth. After I'd spit out the smashed half of the tooth I realized that I was in awful pain and I hurried right to a dentist.

"The dentist had a patient in the chair when I arrived and he viewed me coolly when I told him what the trouble was. I'd been going to that dentist rather regularly, too.

" 'I'm sorry I can't see you now,' said the dentist. 'I have a patient in the chair, you see.'

" 'But can't you take some time out to give me a shot of stuff in the gums so as to ease the pain?' I exclaimed.

" 'I never leave a patient in the chair,' the dentist said, rather indignantly, 'I could see you in about four hours, though.'

"That was great consolation for me when the pain was almost more than I could stand, wasn't it?

"Well, I rushed out of that dentist's office and I never did go back to see him and I tore right over to another dentist who also had a patient in the chair but who had what I consider a broader outlook on emergency case work and who fixed me up in short order.

"Ever since that experience I've had a grudge against dentists who won't leave a patient in the chair for even a second to attend to a person who is suffering. That's why I say that there's nothing more annoying to me, in a dentist, than this sort of attitude toward emergency cases."

The second man was silent for a moment.

"Yes, I can see your point of view," said the second man, "and I expect that if I was having a lot of trouble with my teeth and wanted immediate attention I'd feel equally annoyed if a dentist wouldn't give me attention the minute I rushed into his office. But I've never had any such trouble so I can see the dentist's side of the proposition clearly. A dentist's business is, of course, built up entirely on the appointment plan and he must stick to that plan. So he's justified, I feel, when he refuses to leave patients for even urgent rush cases."

Which is the way that two typical laymen look at the matter.

How do *you* look at this important phase of the dentist's relations with the public?

For Eddie Kells

ORAL HYGIENE has received, for transmission to Dr. C. Edmund Kells, an unique cribbage scoreboard. The board is made of sycamore from the "Big Tree" near Worthington, Indiana, and was presented to Dr. Kells by Dr. R. A. English of Clay City, Indiana. The reverse side of the board bears an inscription which states that the estimated age of the tree was 500 years, its circumference 44 feet 4 inches and that it was the largest deciduous tree in the United States.

The wood for the cribbage board was procured from the owner of the tree after it was blown down by a storm in 1925. Part of the inscription reads:

"Presented to our own Eddie Kells through ORAL HYGIENE, February, 1928."

BETRAYING

By Walter
Director Mouth Hygiene, Parker Scho

FRIENDS in the profession we honor and love, I have come to you to ask and urge you to think seriously, earnestly and with mature and honest deliberation of this all important subject we are to discuss. The title of your essayist might seem a bit inapropos concerning the care of children's teeth, or of children in the dental practice, but I fear that we as an integral and very necessary part of the healing arts must stand charged—guilty—until each and every one of us has proven we have done not only our part, but our most to give to children the care, consideration, and professional attention which is rightly theirs.

It is with a feeling of great pleasure and happy pride that I come to you today to bring a message which I assure you is my very own, and because it has been my privilege to work with and see so much of children, all I say is with the realization that we may measure up, may find ourselves and fulfill that great place which is ours as guardians of a nation's health. I do not come bringing anything new, nor do I claim to have a cure-all or even a solution, but may I say, more of a request I bring, to ask you and each of you, to face squarely and fairly, this problem which is ours.

Each day we are all being forced to the conclusion that we must give to the child that consideration, that attention which we as a profession owe to him. In the light of our present-day knowledge, of education, of the vast public school systems with their manifold intra and extra curriculum activities, where teacher, child and parent are being taught what is right and proper, and as best they can, striving to put into practice and life, facts which we all know are right, then my friends if we are to maintain our place in this march of events which is destined to make of our boys and girls of today, a happier, healthier and better man and woman, father and mother of tomorrow, then I say, we must not follow the practices and principles we have followed in the past, we must fulfill the faith and trust of our people, and do those things we have so often left undone.

Dr. C. N. Johnson said in Detroit at the A.D.A., "The dentist who merely fills and extracts teeth has not done his duty at all. The message taken by the child to the home is the important thing. In public clinics where no charge at all is

A TRUST

cFall, D. D. S.
istrict, Greenville, S. C.

made and where there has been no attempt to teach mouth hygiene, almost as much harm as good results." May we all understand our problem is one of education, not correction, may we all work early and late through every avenue possible to bring home to our people the importance of children's mouths and general health. What do the people of your town know of the profession of dentistry but what you are able to teach them, to show them by honest, conscientious service and instruction? I come to you, the busy general practitioner, the man who must combine all the specialties of dentistry, to you, the family dentist, to you men who represent the rank and file of our profession, to you upon whose shoulders our profession goes forward or fails, to tell you we are not fulfilling, as a profession, the duty we owe to children.

For the last five years I have noticed only a slight increase in attendance at the Mouth Hygiene section of the A.D.A., but I have noted that every other section from oral surgery to prosthesis is urging and preaching—prevention. Then if we, in our sections of the A.D.A., are stressing prevention, why is there such a wide difference in our preaching and practice? Day after day when children and parents come to the dentist and are repeatedly told that baby teeth are unimportant, not necessary to fill, that we must wait until the cavity grows larger, that abscessed or devitalized teeth are not a source of systemic trouble, that occlusal surface of six-year molars do not need fillings when a sharp explorer penetrates with ease, then we must admit we have betrayed the trust of the finest disciples we know, for was it not the Master who said, "Except ye be as little children," and "In that ye did it unto the least of these, ye did it unto Me?"

How shall we answer this challenge which comes to every man of us: "Is the dental profession to make good?"

For years all kinds of propaganda have been employed to educate the people as to the significance and care of the mouth and teeth, until today there is a wider knowledge of these important subjects than ever before. One phase of our instruc-

tion to the laity has related to the necessity of caring for the teeth of children, and considerable emphasis has been placed up on the importance of preserving the deciduous set. Now comes a very peculiar angle and one which must be faced with some degree of frankness. The fact is, that while our writers and lecturers have been telling the people that the deciduous teeth must remain until such time as their successors are due to appear, it is too frequently the case, that when parents take their children to the dentist, they are told that the deciduous teeth are so soon to be lost there is no necessity to insert fillings or to put forth any extra effort to save them. The teachings of the writers and the practice of the operators do not tally, and there is doubt and confusion in the minds of the parents. If any fact is well established in dentistry, it is that the deciduous teeth have an important function and a definite field of usefulness, and that they should be preserved till this function is fulfilled.

Why is it, then, that dentists continue to tell patients such fundamentally wrong things? Is it because the management of children does not appeal to them, or that they consider it too much trouble or too unprofitable to care for children's teeth? Whichever it is, there is no basis of equity or justice in it, and the practitioners who do these things are remiss in one of the most fundamental obligations incumbent upon professional men.

If a practitioner is unsuited by nature or temperament to properly care for children, he should be honest about it, and should turn them over to others who are in every way well qualified to perform this service, and who are glad to do it. There should be greater harmony between preaching and practice in this important matter, and unless we can induce our operators to change their tactics and make good where their child patients are concerned, we would better refrain from educating the public any further on these lines. The present situation is not only illogical and unjust, but it actually places the profession in a most ridiculous position before the public. We owe it to children in the light of what we have been teaching and in the light of what is right and honorable, that we accept the responsibility for the proper care of the teeth, and not until this conviction finds lodgment in the hearts and minds of the rank and file of the profession, can we truly be said to have made good in the estimate of the world.

May I suggest to you certain ideas, principles and simple practical methods whereby I have served more than 6,000 children? First and foremost may I plead with you to love and believe in the work you are attempting, and secondly, "This above all things: to thine own-self be true?" I believe if one is

to succeed with his children's practice he must imaginatively be the age of the child he is serving, remembering the child's thoughts, fears and distrusts caused from previous unfair treatment, by parents' threatenings, prejudices or experiences recited before the child by his elders. All these are foremost in his mind, and it should be the duty of the dentist to gain the confidence of the child before he can expect to serve him, efficiently. Please tell children the truth; do not lie to them, for, my friends, they never forgive nor forget, even in adult life. If it is necessary for you to cause pain to a child, explain to him why, gain his co-operation, portray the bright reward in comfort, usefulness, ability to play and enjoy life, the esthetic side, etc. Treat your child patients as you do your adult patients, do not make babies out of them or talk baby talk to them, and while you are serving your child patient talk and teach mouth health and its important relation to body health and hygiene.

The operation that really impresses a child most, the one which materially shows results and induces interest and care on the part of the child, is a thorough, conscientious oral prophylactic treatment, but how often we see and examine children for whom a dentist has supposedly just cleaned their teeth; and anterior teeth both upper and lower well polished on the labial surfaces, but the lingual and palatal surfaces still covered with yellowish green streaks, filthy and uncleaned areas. We have all either relegated this important operation to the assistant or else we do it halfway.

I wonder how many men give a real oral prophylactic treatment to each patient before beginning extensive dental work, as they should, and how many just throw in a half-hearted cleaning after other work is completed, usually telling the patient "this is free of charge," which is exactly what it is worth, failing to impress the patient with the importance of properly keeping the teeth and mouth cleaned. If you give a real oral prophylactic treatment to a child patient you render a service, you gain his confidence and respect; there being no pain to the work, he will understand you are trying to help him instead of merely trying to hurt him. Because psychology plays a big part in any dentist's practice, especially with children, my order of work is first to thoroughly scale, clean and polish all the surfaces of every tooth; secondly, fill all the teeth which I deem salvable, *beginning with the simplest cavities and preparation first, then by natural progression getting to the more sensitive and painful cavities and preparation.* Each time I find the child understands, appreciates and better co-operates with me for his benefit and my success. *Put off until the last the most painful work and all ex-*

tractions, ever being mindful of child psychology.

My fellow dentists, while you are working for a child, if never before in your life, be patient, kind, gentle and sympathetic. All the time you are operating explain the reasons for the proper care of deciduous teeth. Use simple effective illustrations, do not suggest the bad, painful side, but stress the good. Always instruct and demonstrate to every child how to brush correctly and properly his teeth and gums, explain eruption, importance of preserving the deciduous arch until time for normal replacement, the first permanent molars, and be sure to stress and encourage a sane diet. Tell them why they should choose a certain food, why they should masticate on both sides of the mouth; make a friend and booster of the child instead of a knocker and frightened procrastinator about future visits to the dentist.

May I urge you to use new, sharp burs, smooth stones, sharp chisels and spoons in your cavity preparation? Allow the child to rinse his mouth often, give him something to do and think about besides himself and his present troubles. Explain all you are doing and encourage the child to ask questions. In my practice I save every deciduous tooth just as long as possible until time for normal resorption and replacement in that particular mouth. Every child is an individual and sincerely personal case to me, and each one is treated as such.

I need not review the importance of saving the deciduous teeth. You all well know they reserve spaces, align the dental arches, afford an efficient masticatory apparatus to aid the digestive system at a time when a human most needs this aid, for up until adolescence a child's digestive and nervous system is in a stage of growth, progression and enlargement, and any extra work thrust upon it causes an upset and serious retardation. Take care to fill each deciduous tooth for permanence; I mean, use as little gutta percha, temporary stopping, and cements as possible, for attrition and mouth fluids soon wear and dissolve out this type of filling, leaving the little tooth even more dangerously impaired. I use the best grade alloys, taking especial care to approximate, contour and polish every filling. It has been my practice for several years to reduce ammoniacal silver nitrate and formalin (Howe's) into every cavity, no matter how simple before I attempt to fill it.

In cavities the least bit questionable or deep I use a heavy, double reduction of ammoniacal silver nitrate and formalin, and a sedative non-conductor medicament. I very seldom have an abscessed tooth that I can be reasonably sure of expecting service from for at least six months or longer. If a tooth is too badly broken down to be filled, but is one which I believe will give several months service

if kept clean, I always explain the case to the child and parent, caution them to keep the tooth clean, free from food and dirt and at first signs of trouble or uneasiness to report immediately. I remove all sharp edges of the offending tooth and reduce ammonical silver and formalin into the tooth, and where possible insert a temporary treatment of anodyne filling for a few days.

All teeth that are past time for proper replacement — this judged by the case in hand—all very loose teeth, teeth bordering on abscessing, or having a history of having abscessed, teeth having a fistulous tract, gum boils or decayed beyond reclamation, I immediately remove. I use space retainers where I believe they are indicated in early deciduous extractions. Please allow me again to plead with you to save every deciduous tooth possible. Do not tell the patient or parent the tooth is soon to be shed when you well know that tooth should serve for two or three years. Help the child to build up an immunity to decay and dental ills, by preserving his first teeth, furnishing a healthy, physiological environment into which his permanent teeth may erupt. Instruct the child to care for his teeth, to watch for stains and the beginning of decay, to return at least twice a year for a prophylactic treatment and examination, thereby avoiding extensive work or irreparable damage making headway.

I succeed with my children's practice because I love them, I take a personal interest and pride in every operation I do; this, my friends, always inculcates trust and confidence. I never under any circumstances permit a child's parent or parents to come into my operating room while I am working on or serving that child. My reasons are many, most of them obvious to each of you.

The parent usually threatens or frightens the child, or worse, he sympathizes too piteously or tries to buy the child off; then with the parent present you can not be as firm and positive as you should like without being misunderstood; then, lastly, you encourage the child to be more brave and proud of himself when you allow him to come to your operating room unaccompanied.

I use local anesthesia quite extensively in sensitive cavity preparation, and for nearly every extraction, no matter how simple. My friends, if you extract painlessly for a child or an adult, they will always proclaim you as—good—and will believe you can do all things well.

I always require a child to return after an extraction, even though I do not feel it is always necessary for it makes him feel important and saves you any further trouble from an infection and future complaints.

I must mention, in closing, the splendid opportunities you daily have to more adequately fulfill your profession's duty

and obligation to the laity by discussing with mothers and prospective mothers the paramount part they have in furnishing their children with good teeth and bones; for surely we all realize good teeth are born not grown. Stress the importance of a well balanced diet and a sufficient diet for mothers themselves and their children, remembering those foods which help in tooth and bone formation, namely, fresh milk, green leafy vegetables, fresh fruit, whole-wheat bread and cereals.

Implore the aid of the parents and their co-operation in reminding the children to choose the proper foods, to chew on both sides of the mouth all the foods they eat, and properly to brush and care for the mouth and teeth.

We must impress upon parents and children the necessity of going to the dentist regularly and often, to avoid toothaches, bad dental operations and the like. Have all the children brush their teeth at least twice daily, night and morning preferably, and more if possible. Start a child caring for his teeth with parents' aid at two and a half years of age, visit the dentist then, and acquaint the young fellow with a person whom should be one of his best friends through life—the dentist. Mail cards to notify the parents about their children's teeth; take a personal interest in the children and watch what big returns it will pay you in every way.

May we all realize the trust which is ours, may we ever measure up to all that we should as doctors of dental surgery, and never let us forget that little children are the greatest disciples of a real truth, for they are in their trust and belief closest to real truth, and they always lend their help and activity to what is truly right and fine and highest. It is for each and every one of us to answer in his daily practice—are we *betraying a trust to the children who believe in and need us?*

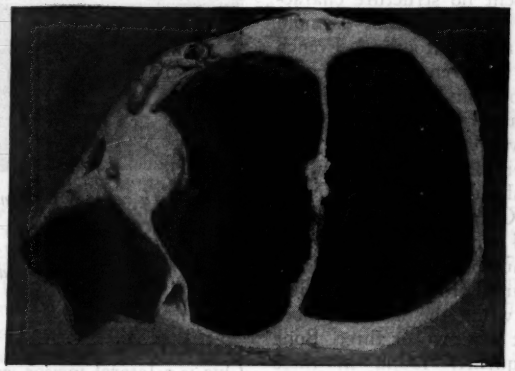
"There is nothing in all the world so important as children, nothing so interesting. If you ever wish to go in for philanthropy, if you wish to be of real use in the world, do something for children. If ever you yearn to be wise, study children. If the great army of philanthropists ever exterminate sin and pestilence it will be because they began very early in the child."

New Type Dress

This month ORAL HYGIENE appears in a new type dress, Bodoni Bold being employed for headings. The technical features of the change mean little to readers but we think the magazine has been given a new "snap" as printers say. As rapidly as possible other typographic details will be harmonized with the new, modernistic style typified by Bodoni Bold.

Teeth in Tumors of the Ovary

By John Bell Williams, Ph.G., D. D. S.
Richmond, Va.



Interior of Ovarian Dermoid containing hair and teeth.

OVARIAN dermoids containing dental tissues while not rare are sufficiently unusual to be interesting. These dermoids arise from the epithelium of the ovarian follicles and take the form of unilocular and multilocular cysts, the walls of which contain sebaceous, sweat, mucous and mammary glands, skin mucous membrane, hair follicles, nails, nipples and teeth. Within they present a yellowish, turbid oily material, which when cooled acquires a greasy semi-solid consistency.

Strange it seems that these cysts contain dental follicles which become as well formed as the natural teeth extracted from the mouth of a child. Here they have developed perfectly in soil foreign to their native home. It is uncanny to see them situated contrary to our ideas of their usual development along with maxillary bones, antrums of Highmore, nasal structures, alveolar processes, mucous membrane and gingivae, and we are shocked that they may even arise from the ovary of a virgin. Especially, since they are within an abnormal growth along with hair and nipples and nails

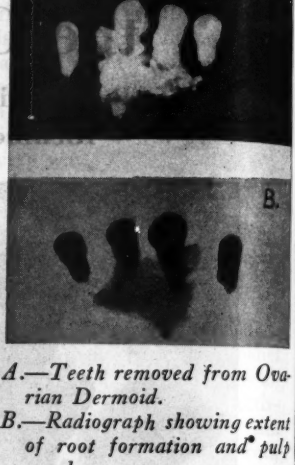
and other unfamiliar tissues just as though one were the counterpart of the other.

The number of teeth contained in these cysts varies greatly. As many as two hundred have been recorded in one cyst, while another has been reported to present no structure characteristic of an ovarian dermoid except a single tooth. A French writer has even observed caries of an ovarian dermoid tooth.

In a series of one hundred and twenty-eight cases of ovarian dermoids reported from the surgical department of the Mayo Clinic in 1924 thirty-nine or 30.4 per cent contained teeth. The number of teeth in each case varied from one to twenty-eight, while the usual number present was two or three. Bone is frequently found in these cysts. This same series of reports from the Mayo Clinic shows a "jaw-bone" in two cases while hair was present in all but one.

A curious dermoid removed by Dr. Stuart McGuire of St. Luke's Hospital, Richmond, Va., some years ago contained hair, a penis, two testicles, one tooth and many toe nails.

A photograph of an ovarian dermoid which has recently come under my observation is reproduced. It was removed by Dr. W. Lowndes Peple of St. Luke's Hospital, Richmond, Va., and contained four teeth. The crowns were well developed and showed no developmental defects. They all appeared to be maxillary teeth. One is a lateral incisor, another is a cuspid, while the other two are bicuspids. The radiograph of these teeth shows the root formation in these malposed teeth.



A.—Teeth removed from Ovarian Dermoid.

B.—Radiograph showing extent of root formation and pulp canals.

The presence of teeth in these cysts is of particular interest to roentgenologists as well as to surgeon and dentists because the teeth cast a shadow on the x-ray plate that strongly resembles stones of the urinary tract. In cases where the roentgenologist is doubtful as to whether a shadow is that of a urinary stone or some other object the dentist can render service in consultation by deciding whether the shadow can be identified as that of a tooth.

The Dentist *in* Three Tenses

By Frank Fitzpatrick, D. D. S.
Philadelphia, Pa.

Part II

THE first dental school in America was organized in Baltimore in 1839. Dentistry had been practiced here and abroad long before that date, but it was only a tinker's trade, and its practitioners, with some notable exceptions, were charlatans of the top flight. The trade was acquired as was the barber's and it was scarcely more highly regarded. Dr. Horace H. Hayden, a Maryland physician, organized the Baltimore College of Dental Surgery with the intent of raising the standards of dental practice. His associate in this enterprise, Dr. Chapin A. Harris, had become interested in dentistry while practicing medicine in Ohio and he had moved to Baltimore to engage in the specialty. Both men were sincere in their effort to raise dentistry to a higher plane of professional capability as well as to a more secure place in the public esteem. They attempted to engraft the school upon the University of Maryland but without success. The faculty of the University, rejecting the proposition, said, "The subject of dentistry was of little consequence and thus justified their unfavorable action."*

*Koch. History of Dental Surgery. Vol. 1, p. 411.

The school was then organized as a private institution, but not primarily for profit, in which respect it differed from several of its followers. The school was a success from the start because of the personality and ability of its founders and because its charter permitted the conferring of a degree, Doctor of Dental Surgery, on its graduates. The act of incorporation of the college, passed by the General Assembly of Maryland, contained, in sections IX and X, provisions for the granting of this degree. It is quite likely that the student then, as now, regarded the title as highly as he did the training.

The training was better than apprentices had been getting from preceptors, so an advance had been made. Incidentally the school was profitable to its founders. Soon other schools followed.

Next to see the possibilities in dentistry was Dr. James Taylor of Cincinnati. He organized the Ohio College of Dental Surgery in that city in 1845. "The dentist of that period," says Dr. George W. Watt in his "History of the Ohio College of Dental Surgery," "was on the same platform with the traveling tinker, who, trudging the highways and byways, turned aside to mend the kettles

and candlesticks at the adjacent farmhouses; and the dentists of this description were such a decided improvement on the blacksmith, the butcher and the barber, if not the physician and surgeon, who hitherto had the care of the teeth, that the demand for their services increased, till their circuits became shorter, their movements slower, finally, in obedience to the law of supply and demand, they gravitated to a central point, and a new thing under the sun was revealed in the shape of a resident dentist."

Schools followed more rapidly now. In the period from 1850 until 1875, thirteen schools for the teaching of dentistry were founded. The next ten years saw a dozen more come into existence. There was no compulsion on anyone, desirous of learning the dental "trade," to attend one of these factories. The craft could be acquired by the old method of serving an apprenticeship with a practicing dentist, and for those unable to meet the requirements of admission to the schools, this was the method in vogue. The schools had no fixed requirements for admission excepting a tuition fee. Their standards were no higher than those now existing in the schools of embalming or hairdressing. The principal ingredients, needed for successful completion of the course in the art and mystery of dentistry, were the money and a measure of manual dexterity. Only the former was indispensable.

It is true that a certain amount of anatomy, pathology, physiology, therapeutics and chemistry was administered in homeopathic doses to the student of the craft, but the uses of these subjects were largely decorative. They formed a pretty embroidery around the edges of the individual vocabulary.

Like high school Latin and Greek the content was seldom retained after one had left the institution, but it sounded well to say that one had studied them. Greater stress was laid on mechanics and this part of the course was seriously studied. The training in this consisted of lectures and practice in making artificial restorations of lost teeth. This was known as prosthetics.

The *piece de resistance* of the whole course was a graduation plate, popularly a "grad" plate, which compared to the master's thesis of the academicians. A great deal of painstaking labor and considerable skill went into the making of this monstrosity.

Since it was to be a display of mechanical technique, elaborateness was a marked consideration. It was a piece of jewelry, ornamental to the point of extravagance, and of no use whatever.

No matter if the student in one of these dental colleges had completely forgotten the function and location of the trigeminal nerve and could not distinguish between the patella and pathology, could he manufacture a presentable "grad" plate, he was sure of a sheepskin.

The writer once defined a

dental diploma as the epidermis of a sheep inscribed with falsehoods. It was really so. The dentist, then, was interested only in mechanics. His achievements were mechanical when he achieved anything at all. He had no interest in the cause of decay and he believed the only way to check it was to remove it mechanically and by an elaborate mechanical process fill the resulting cavity.

He was unfamiliar with the action of drugs, except a few simples he constantly used, and he did not care to learn. He had no conception of the importance of the teeth to the systemic integrity of the patient. He felt that the patient's health was the concern of the physician and he cheerfully left that up to him. (It is well to remember that the physician held exactly the same notion, and indeed that his training and the conduct of his practice were quite as empirical as the dentist's.)

The dentist of this period, that is to say the period from 1850 until 1885, was a machinist who had developed a remarkable skill in mechanical work, but had an extremely vague idea of its ultimate value. He was ingenious at devising methods for inserting teeth into the mouth, and retaining teeth already there, but the results of his materials and methods on the patient's health were unknown to him.

If the patient were pleased, that settled the matter. He was calling himself Doctor now, whether he had acquired the degree or whether he had not. Honorary degrees had been distributed freely by the dental colleges to men in practice, who had achieved some local distinction. Those too lowly to participate in this bounty merely saved the schools the trouble and assumed it for themselves.

At this time he was still in the habit of claiming abilities which he did not possess, just as the pioneers in the profession had done almost a century before. Perhaps some of the bombast, which had marked the announcements of the post-revolution group, had disappeared, but he made extravagant statements which he could not hope to fulfill. The earlier dentists had believed in advertising and it could not be said they were modest violets.

Josiah Flagg, the first native-born dentist, advertised his business in Boston, in 1785, as follows:

> Dr. Flagg transplants teeth, cures ulcers and eases them from pain without drawing; fastens those that are loose; mends teeth with foil or gold to be as lasting and useful as the sound teeth, and without pain in the operation; makes artificial teeth and secures them in an independent, lasting and serviceable manner. Sews up hare-lips, and fixes gold roofs and plates, greatly assisting the pronunciation and the swallow. Cuts the defects from the teeth and restores them to whiteness and soundness without saws, files, acids and such abusives as have shamefully crept into the profession, and which have destroyed the confidence of the public. Sells, by wholesale and retail, dentifrices, tinctures, chew-sticks, mastics, teeth and gum

brushes, suitable for every age, complaint and climate, with directions for their use.

James Gardette announced in the Philadelphia *Journal and Weekly Advertiser* for April, 1784:

Mr. Gardette,
Surgeon-Dentist, lately from Paris.

Begs leave to inform the ladies and gentlemen that he makes artificial teeth (which imitate the natural) from a single tooth to a whole set, and places them, without the least pain, so regular, that it is impossible to distinguish them from the natural ones, and in such a manner, that the persons may take them out and fix them again themselves with the greatest ease; he can place them over stumps, if the person don't chuse (*sic*) *to have* them drawn. He also takes the scales or tarter from the teeth without pain, and renders them (by help of a powder that he composes) as clean and as white as ever.

As he proposes to settle in this city, and to perform on very reasonable terms, he hopes to recommend himself to the notice and confidence to such as have occasion for his assistance, and wishes to make himself as extensively useful in his profession, as he flatters himself his abilities entitle him to expect.

He may be spoken with at the east-side of Front-street, half way between Race and Vine-streets, where the Wax-Work is kept.

N. B.—And if any Ladie or Gentleman wishes to have him come to their houses, he will be ready to wait on them on the shortest Notice.

John Greenwood, who had constructed an upper and lower denture for George Washington, wrote a letter to the then retired President of the Republic, dated December 28, 1798, advising him on the care of his artificial teeth. The eminent Greenwood said in part:

I send you enclosed two sets of teeth, one fixed on the old barrs in part, and the sett you sent me from Philadelphia, which, when I received, was very black, occasioned either by your soaking them in port wine or by your drinking it. Port wine being sour takes off all polish and all acid has a tendency to soften every kind of teeth and bone. . . . . If your teeth grow black take some chalk and a pine or cedar stick, it will rub off. If you want your teeth more yellow, soak them in broth or pot liquor, but not in tea or acids. Porter is a good thing to color them and will not hurt but preserve them. . . .

It is to be hoped that the most distinguished American found his plates satisfactory without the necessity of adhering to the directions of Mr. Greenwood. Josiah Flagg, evidently, did not share Greenwood's prejudice against port wine. In giving directions to one of his patients, on the use of his "antiscorbutic tincture," he wrote:

Fear not the stiffness of the brush; —and if your tincture is too potent for the gums add to it port wine to your liking; but not mix the whole in the viâl.

One hundred years later, dentists were quite as decidedly at odds on methods of treatment. They had better equipment, better materials and there were more dentists at large, but no real progress had been made in knowledge of their fundamental problems. The average dentist did not care about problems, except those concerned with his business success. All the excess energy he had, after his daily routine was finished, he used in devising methods of replacement of lost teeth, or of repairing injured teeth. The cause of decay

did not trouble him. He had not that type of mind.

Those were the halcyon days. Anyone could learn the trade, since nothing was required but some funds and sufficient manual dexterity. The schools had thoughtfully provided themselves with charters, permitting the conferring of degrees, and the title, combined with the prospect of a profitable business, tempted the mercenary to learn this noble science.

Dental "colleges" came into existence, like the rabbit from the magician's hat, to supply the demand for training. These schools were in the main proprietary institutions and they naturally made no attempt to limit classes. They offered to teach the dental craft to all: all who had the necessary fee. The schools did a thriving business, and although many of the neophytes trembled at the word "science," they lost their fears when they became familiar with the brand on tap in many of these diploma mills. The proprietors, needless to say, were happy.

The practicing dentist soon awoke to the fact that the field was becoming overcrowded. He had set himself up on Main Street, plastered the front of the building with signs advertising his skill, distributed handbills, disparaged his competitors and in general used such high pressure methods, as were in vogue at the time, for luring in customers. But it was of no use.

Every year a new horde was turned loose from the schools; certainly more, quantitatively, than could be absorbed. Fees fell to such a point that the business was threatened. A clamor arose from the practitioners to raise the standards of the profession, that is to say, to cut down competition. They, as is the national habit in such emergencies, brought their problem to the legislature with the demand that the state recognize dentistry as a science, dealing hourly with the health of the public, and they urged that incompetents, of whom there were fortunately few then in practice, but who now threatened the welfare of the state in vast numbers, be prevented from debauching the profession. They were honest men, they said, concerned only with the welfare of the people and with no thought of self-interest, and it pained them that the public servants should, by their negligence, endanger the meanest inhabitant. They demanded a law to prevent this crime. They got it.

The first of these petitions to the legislature of the states was addressed to the legislative body of the State of Kentucky. It read:

> To the Honorable the Legislature of the State of Kentucky:
>
> Your petitioners would respectfully represent that Dental Surgery being a specialty of the healing art, requires for its proper performance a knowledge of Anatomy, Physiology, Pathology, Therapeutics, Chemistry and the theory and practice of Surgical and Mechanical Dentistry. The acquisition of a knowledge of these different

branches requires at least two years of close application to study, with competent instructors.

Not until we are enlightened upon a subject can we appreciate the importance which attaches to it, and as the public have no means of judging between the competent and the incompetent dentist, they should, in justice, have some guarantee of qualification.

While the older and leading practitioners of Dental Surgery acknowledge their need of more light, the people of this commonwealth are being grossly imposed upon by the merest pretenders to dental science, without possessing a knowledge of the first principles requisite for its successful practice; hence much suffering, discomfort and ill health results that might and should be averted.

Your petitioners, therefore, respectfully pray your honorable body to protect the citizens of the Commonwealth of Kentucky from injury by incompetent dental practitioners, by such enactments as in your wisdom you may deem sufficient.

This moving plea for protection of the citizenry of Kentucky was answered in 1868. In that year the Kentucky State Dental Association was incorporated and its charter provided for the establishment of the Kentucky State Board of Dental Examiners, which consisted of three members selected by the Association and its president and secretary. The act gave all parties, then practicing dentistry, the right to continue. Anyone thereafter, wishing to begin the practice of dentistry, must register his diploma with the board or stand examination before it.

Kentucky thus became the first state to secure by legislative enactment a system of licensure designed to limit the right to practice the profession to those who, in theory at least, had proper training to undertake it. Some claims are made for Alabama as the first state to so limit the practice to those shown to be competent, but investigation does not bear out these claims. It is true that an enactment in the year 1841, in Alabama was passed which attempted to regulate the practice of medicine in that state. Dentistry was mentioned in this law, but it appears to be only incidental. Further the board had not the right to refuse licenses but only to require registration.

Kentucky is clearly entitled to rank as the pioneer state in dental legislation. That the hopes of the petitioners were not borne out by later events was not the fault of their energy but only of their foresight. They apparently believed that the year 1868 marked the end of their struggles with unfair and incompetent competitors and that thereafter they could devote their talents to their respective businesses. What a shock it must have been when they found that they had exchanged a leaky boat for a leaden life preserver!

The success of the Kentuckians in securing a law to restrict competition aroused hopes in the bosoms of the faithful in other states. The march to the legislatures was on. New York, Ohio, Georgia, New Jersey, South Carolina, Pennsylvania, New Hampshire, Indiana, and North Carolina had

enacted similar laws before 1880.

In every case the same fond expectations were entertained. The mug-wump and the charlatan were to be barred from practice and everything was lovely and the goose was hanging high. But alas! high hopes and gaudy dreams met with the orthodox denouement. The doctors had overlooked the fact that registering the diploma entitled the applicant to a license. Here was the breach in the defense and it was soon assaulted.

Diploma mills were launched upon the country with terrific speed in the fifteen years from 1885 to 1900. In that time no less than fifty-three dental schools were chartered in various states to provide the matriculant with the diploma necessary to practice. Illinois was particularly fertile for this kind of flora. Twenty-three dental schools were chartered there from 1885 to 1902. (The medical profession at this same time was deluged with the scum from medical diploma factories.) One factory, the Independent Medical College, in Chicago, possessed twenty-four charters and manufactured thirty-six degrees. When one charter was annulled it could enter another and continue production. Under the original name, and as the Cosmopolitan Medical College, it sold degrees for anything it could get. The price depended on the gullibility of the purchaser.

Sheepskins, properly inked, were sold in the domestic market and also exported for the foreign trade. The thing became a stench and a scandal and foreign nations began to take action to protect themselves from these pariahs. Meanwhile, strenuous efforts were made at home to eliminate the junkshops, but not before a great deal of harm had been done. The dental profession was weighted down with the graduates of such colleges and years were needed to digest the huge, unsavory mass. To eliminate them another plea had to be sent to the various legislatures and the dentists willingly made the expedition.

The new legislation, demanded from the public servants in the assembly halls, required that every applicant for a license to practice dentistry in a commonwealth must be a graduate of a *reputable* dental school and must pass an examination before the board of dental examiners. Colorado enacted such a law in 1891. The District of Columbia followed in 1892; Maryland saw the light in 1896, Pennsylvania and Georgia in 1897, New Jersey in 1898.

By the end of the first decade of the present century almost every state in the Union had statutes in force placing, in the hands of the dental examining boards of the state, power to issue or withold licenses and no person could practice who had not obtained a license from the board. Since in almost every instance the examining board was composed of men nominated by

the state dental society, the actual control was in the hands of the organized profession. This legislation proved effective. One by one proprietory schools were forced out of existence, although a few still remain. A wide divergence continued to exist between surviving schools as to admission requirements and in facilities for instruction after admission.

To remedy this situation, the Dental Educational Council was formed within the American Dental Association to inspect the schools and to rate them in proportion to the excellence of their faculties and their equipment. The plan followed that of the American Medical Association.

(To be concluded in May issue)

Insulting French Dentists?

Editor ORAL HYGIENE:

Anent Capt. George Cecil's announcement in ORAL HYGIENE (Dec. 1927) that there is room for an American dentist in Paris, France, permit me to object to what seems to me, an insult insinuated at the French dentists as a whole. It was beside the point to remark that, because some French dentists have "unclean finger nails" and "unappetizing" personal appearance, foreigners must patronize British or American dentists. To say this is tantamount to casting insults at all French dentists behind their backs, and without even giving them a hearing.

It is perhaps true that there is room for another American dentist in Paris, as there may be room in New York for French or British, but that is so not because some American dentists have unappetizing personal appearance and unclean finger nails—an obvious case of *non-sequitor*.

Dr. Cecil's insinuations are not in good taste here to say the least, and altogether unfair to French dentistry as a whole. Let us remember that there are all sorts and conditions in every profession, everywhere.

Sincerely yours,

M. B. SCHWARTZ, D.D.S.

Richmond Hill, N. Y.

Japan's Woman Dentist

After spending five years studying in the United States, Miss Kinuko Uchida, Japan's only woman dentist, has returned to Tokyo. She is on the staff of the Woman's Dental College. She has already opened a children's dental clinic and is starting a campaign to institute dental hygiene in the public schools.—*Record & Times.*

—U. & U. Photo.

Helsingfors (Finland's capital) with its 200,000 inhabitants has one hundred and thirty-eight dentists, twenty-nine of whom are women.

Dentistry in Finland

By Captain George Cecil, Paris

GREATLY to Finland's credit, only competent practitioners are permitted to practice dentistry. They are required to study at the University of Helsingfors, even those who have qualified abroad —and with flying colors—must face the university examiners before they can obtain permission to set up in Finland. Incidentally, the Finnish course is a particularly stiff one, and the authorities consider that dentists from Sweden and other neighboring countries should, if they wish to practice amongst the Finns, be subjected to the National test. There are but few practitioners from across the border or from overseas. It is, however, believed that more will be induced to settle in Finland, the existing three hundred and seventy-six dentists being wholly insufficient for the population, which amounts to a trifle over three millions, four hundred and

fifty thousand people. Two hundred and twenty-four of these dentists are women, Finland being a country in which the men prefer to make a living in a more remunerative direction. Can one blame them?

If the rural districts are badly off for dental attendance, the two hundred thousand inhabitants of Helsingfors (the capital) are well looked after, one hundred and thirty-eight resident dentists being at their disposal, while there are six public dental clinics. Twenty-nine of these practitioners are women.

Not so very long ago dental surgery in Finland was in a somewhat unenlightened state. Then, in 1883, the Government roused itself, and, a few years later, dental instruction in Finland was placed under the control of the Helsingfors Faculty of Medicine.

Finally, after considerable discussion, and exactly thirty-five years ago, the new law came into active operation, and, it is generally admitted, to the benefit of all concerned. First comes the matriculation test, a more or less simple business, followed by the medical preliminary examination, for which a two and a half year course is necessary.

One and a half years later, the "Candidate in Dentistry" examination takes place, anatomy and bacteriology being included in the curriculum. After two more years of study, candidates are examined for their "Licentiate in Dentistry," practical training and clinical work forming its basis. Six years thus are spent in qualifying before the aspirant can hope to pass the final examination.

There also is a further degree, that of "Doctor of Dentistry." The candidate is required to write a thesis on a dental subject; the essay must be publicly discussed and published (in Finnish and Swedish) in the *Finska Tandlakarsallskapets Forhandlingar,* the national journal devoted to dentistry. Many a "Licentiate in Dentistry" looks upon the writing of the screed as a waste of time; increased fees would, they consider, be far more useful—the Finn public, however, is averse to paying highly for the benefit of dental attendance.

The oral hygiene of the free school children is well looked after. The little pupils are taught to keep their mouths clean and, when anything goes wrong, a public school clinic (of which there are six) takes the case in hand. The Army, too, benefits from these institutions, as also do the factory hands and many another man and woman bread-winner, who, being none too well remunerated, cannot afford the dentist's moderate fee. Happily, the dental surgeon attached to a public clinic is paid a fair wage, a circumstance which, coupled with regular and more or less easy working hours and the evenings free, makes the appointment worth having. The post is sought after.

The cold winds of winter bring the practitioner many a patient, the rude blast causing teeth to ache. Recently, at a meeting of the Finlands Tandlakasforbruno (the dentists' professional society), the Secretary bewailed the absence of several members, the inclement weather having kept them busy. "Do not find fault with the trade winds," said a waggish dentist, who is noted for his pawky humor. The married women practitioners also fail to put in the hoped-for appearance, maternal activities having their attention; they are, in fact, singularly fruitful. Indeed, these people may be absent from the surgery during a considerable part of the year—prenatal and post-natal cares taking up the mother's time. Male dentists consider the nursery and the kitchen the best place for them.

Every now and then an unqualified man, greatly daring, has launched out as a dentist. In the twinkling of an eye, the police have been on his track.

St. Louis Study Club of Dentistry

The St. Louis Study Club of Dentistry, organized in 1919 for the purpose of teaching advanced dental knowledge to practising dentists, without charge, and in continuous operation since that time, has just completed its tenth annual session. The enrollment of one hundred fifty dentists for this term was the largest since the beginning. The club will have a clinic and dinner on Saturday, April 14th, 1928, at the Gatesworth Hotel, 245 Union Boulevard.

The clinic, which will start promptly at two o'clock, will consist of the following subjects:

Dental Ceramics, Fixed Bridgework, Full Dentures, Operative Dentistry, Rizadontia, Tooth Form and Cavity Preparation, Dental Roentgenology, Dental Prophylaxis, Conduction and Local Anesthesia, Oral Diagnosis and Diseases of the Mouth.

Following the clinic, a dinner will be given at 6:30 as a tribute to the instructors by the students. The guest of honor on this occasion, Major John C. Gotwals, Engineer Corps U. S. Army, will deliver a lecture, illustrated by movies, on "Alaska."

A cordial invitation is extended to all the members of the profession to attend this clinic and dinner.

Bulletins, descriptive of the Study Club, may be had by addressing Dr. Frank C. Rodgers, 309 Wall Building, St. Louis.

ORAL HYGIENE'S Library Table—

Books reviewed for busy readers

APPLIED ORTHODONTIA*

Reviewed by Helen Stahle, D.D.S., Hollywood, Calif.

THE preface to the second edition of McCoy's Applied Orthodontia is par excellent. Dr. McCoy has very concisely stated what every scientific and conscientious orthodontist is trying to convey to the profession as well as to the laity.

Although primarily intended for the dental student, an intent perusal of this volume should be given by every dental and medical practitioner for it contains a wealth of scientific and everyday knowledge which the medical profession as a whole should not only possess but should keep in the foreground of their thoughts, for orthodontic treatment is one of the foundational measures of preventive dentistry and closely allied with systemic conditions.

The schematic outline of the etiology of malocclusion is very comprehensive and all-embodying.

The diplomatic neutrality expressed in the discussion of heredity and congenital factors is highly commendable and shows an intellectual perusal of literature pertaining to these subjects and a delving into science. Tolerance of theories advanced by past and present-day scientists is indicative of the open-mindedness of the author, which is worthy of emulation by the profession.

The statement that "Those unwilling to do this have no legal right to attempt orthodontic operations" in chapter twelve is a most justifiable one and deserving of deep thought and consideration.

Altogether it is one of the most comprehensive and easily intelligible treatises of the subject in book form and is a most ideal text for universal use in our colleges.

*Lea & Febiger, Philadelphia.

This Fence Law

Editor ORAL HYGIENE:

This is to comment on Dr. Louis Siegel's letter,* relative to the state boundaries, that appeared in the December issue of the ORAL HYGIENE. His letter is well stated and deserves the attention of all ethical dentists in the United States.

Law is the world's greatest wonder—it tells you what the other fellow can do to you, and what you cannot do to him.

It appears to the writer, who lives ten miles from a state line, that the operators are getting the little end of the horn. Do you suppose it has ever come to the minds of the law makers that a person can cross the line and in a few minutes be painfully seated in the chair of a dentist who is prohibited from practicing on them in their resident state? The dentist cannot go to them, but they can come to him at will.

Why do patients so often leave their state and go to another for dental services? This answer is too large to discuss here, though, chiefly because the town may have a specialist in it doing their particular type of work, possibly the prices are less in the other town—can get it done faster, or merely personal fancy. Take for instance the city of Cincinnati, with three smaller towns just across the river. Suppose an oral surgeon performed a cleft lip and palate on a child that lives in Newport, Kentucky. He did the operation in a Cincinnati hospital and dismissed the patient in due time, and was called to dress the condition for some reason that made it impossible for the child to cross the state line. Well, according to law, if this man did not have Kentucky license, he would be violating a law if he went to this patient. This is not fair to the dentist. If he was worthy and capable enough to perform an operation on the child in the state in which he was licensed, he certainly would be qualified to do a dressing without being liable to a state-line law.

I was at one time talking to a president of the American Dental Association, and he told me that an Army dentist might practice on any man from any state, that was in the Army, but he was prohibited to go outside of the fort or camp and practice (not because the Army would not permit it), but because of state laws. There may be an Army ruling to this effect also. The Army dentist has it on the ordinary dentist a little, however. He may be located in ten camps within a year's time, and yet he doesn't have to worry about the state law. That is one thing that Uncle Sam has done. Why can't he look out for the rest of the fellows? He will use us in case of war or some

*ORAL HYGIENE, December 1927, page 2373.

national crisis. It looks as though we are as capable in private practice to do work as we would be in case of war.

Why can't we have a National Dental Board of Examiners, composed of 240 men? This will give each state five men. They can submit their questions to the National Secretary and he can pick out questions he wants the local board to ask their applicants. The local board will hold the examinations, grade the papers, and issue the National Dental Licenses to all that have shown suitable proficiency in the examinations.

Of course, there are always two sides to the thinnest piece of paper. There will have to be laws regarding the ethics of a man. This, however, is the last of the fight. The greater part of the dentists in the United States are ethical.

It might be of some advantage to get out a questionnaire and get the views of as many men as possible on this subject, then call on the Government for some relief from this fence law.

Yours very truly,

PAUL B. HAHN, D.D.S.
Clarksville, Tenn.

New French Dental Society

During the past few years, a number of the Paris dentists, as well as some of their provincial confreres, have—through incompetence—brought such discredit upon the calling, that it has been decided to form a new dental society. Practitioners of standing are ready to become members, and to serve on an examining committee. All candidates for membership with less than fifteen years' practice to their credit will be required to face an examination, both written and oral. The papers will be set and the questions asked by the committee. There is no appeal against their decision, should it be found that the dentist is wanting in professional knowledge.

When the Society is formed, the physicians, consuls, travel agencies, banks, and hotelkeepers, who are requested by strangers and others to recommend a dentist, are to be furnished with a list of members. Thus, it is hoped, patients will be in safe hands.

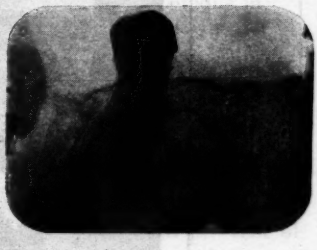
Those who decline to join the Society cannot be included in the list. One, however, imagines that, in their own interests, the dentists will hasten to enroll themselves, especially as membership costs nothing. The examiners charge no fee at present.—*Captain George Cecil, Paris, France.*

FREAKS of NATURE

By A. J. Hyde, D. D. S., Pittsburgh, Pa.

A PATIENT about 60 years of age was admitted to the hospital with hypertension and cardiac disease.

Although several other teeth were extracted the one I wish to call particular attention to is a second molar in the upper right jaw. This tooth which one might call a freak of nature grew in the jaw in a perfectly normal position, but upon extraction showed the following condition: A distinct abscess at the root of the second molar whose roots were fused.



This x-ray shows the second molar in a perfectly normal position.

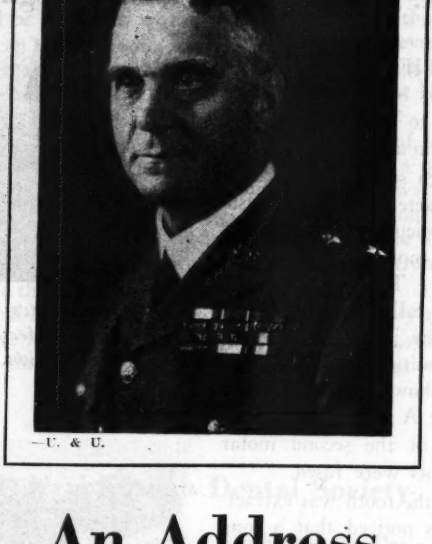
The third molar was fused to the roots of the second molar.

When the tooth was extracted it was noticed that a long portion attached to the root of the second molar was present. At first I thought this might have been a cyst, but upon examination it was shown to be a third molar perfectly fused to the roots of the second molar and extending perpendicular to it. The second molar had been extirpated and used as an abutment for a bridge.

Previous to the extraction of this tooth, the patient complained of a stiffness on the right side of the neck and severe headaches. These conditions were relieved about three weeks after the operation.

At the hospital where the x-ray picture was taken they complained that the patient did not hold the film still. For this reason they thought the roots of the second molar showed an elongation. This, of course, was proven wrong when the tooth was extracted.

This case shows the varied courses Nature takes in her development of the teeth.



—U. & U.

An Address

[Part of the excellent address by Major General C. P. Summerall, Chief of Staff, U. S. Army, at the graduation exercises of the Army Medical Center, January 31st, 1928.]

FROM the smallest posts and camps to the largest general hospital, the care of the sick and the preservation of health are uniformly all that could be desired. This is shown by the low sick rate, the control of contagious and preventable diseases, and the sanitary conditions that prevail. The variety of exposure in Army life requires a versatility in medical officers not generally understood. A surgeon must be able to cope with the peculiar diseases and environment of the tropics or the Orient; of the Arctic or the great cities; of the troop ships or the prisons; of the camp conditions or the wards of a complete hospital. The care of women and children and the distribution of the Army into many small garrisons compel every medical officer to be a general practitioner, while the demands of his profession and his inclination cause him to specialize.

However great may be the task in peace, it must be remembered that the real objective of an army is war. The training of medical officers no less than that of line officers must fit them for the supreme demands of campaign and battle. If I have tried to commend the Corps in peace, I can testify to its supreme accomplishments in war. I witnessed the struggle in the camps of '98, when science had not yet come to the aid of the medical profession in the prevention of disease and when sanitation was almost an empty word. In the fighting, privations, and exposure of the Philippines and China, our medical officers faced conditions that would have baffled less resourceful and less courageous men.

The supreme test, however, came in the Great War. It was not alone in the battle area, but in the organization and administration of the great camps at home and overseas that our surgeons vindicated the policy of selection, training, and discipline that had been rigorously followed. While troops on the line were afforded a period of preparation, no such tolerence or indulgence existed in the Medical Corps. From the arrival of the first contingent at the camps to the height of the great battles, the demands made upon them were a maximum without any preliminary preparation. The regular personnel were only a small per cent of the large number of doctors suddenly called from civil life. Yet they were able to organize, train, and administer the personnel to command the great hospitals and to insure procedure in caring for the sick, developing physique, coping with unprecedented epidemics, overcoming the effects of exposure to extraordinary cold and hardship, collecting, evacuating, and saving the wounded and sustaining the morale of the Army and the country in a manner that was masterful.

> The dental surgeon has come to occupy a place that is unique in the restoration of health and the maintenance of the physique of our troops.

In this effort to present a small appreciation of the Medical Corps I have not distinguished between the different classes of officers because the same credit belongs to each. The surgeon and the doctor, the veterinarian and the dentist each performed and must continue to perform an equally important part, and each contributed and must continue to contribute to efficiency in peace

and to success in war. *The dental surgeon has come to occupy a place that is unique in the restoration of health and the maintenance of the physique of our troops.*

If I have stated what no doubt is well known to this audience, it is for the purpose of emphasizing the honor that comes to this class in becoming a part of so worthy a branch. You have prepared yourselves by years of study in schools and colleges, culminating in the course at this great medical center. You are now to receive your reward in the diplomas to be presented and in the full recognition of your further qualification as medical officers. You will continue your preparation by adding to your technical knowledge a practical and theoretical experience in the handling of troops, field operations, sanitation, and other subjects which are peculiar to the military man, and without the mastery of which the best of doctors may fail in the profession of arms.

While I congratulate you most genuinely, I would urge you to a realization of your opportunities and your status. The Army may not offer you financial gain, but it has brought your predecessors an intangible compensation that they prefer to material rewards. You are the inheritors of tradition and great achievements. You share in an honorable status that commands respect and confidence. You have opportunities for progress not open to those who went before you but who by industry and zeal succeeded in spite of isolated stations and exacting duties. If you become dissatisfied, the fault will be yours, because there are no nobler men than those who have created your environment and who have lived happily in it. You will be contented in proportion as you are interested and efficient; you will make friendships in proportion as your personality is responsive and sympathetic, and you will receive from the Army a reputation and professional distinction in proportion as you give the best that is in you.

May success attend each of you during the allotted years of your service.

Time Extended

The First District Dental Society of the State of New York announces the extension of time for receiving the paper for the Lord and Chaim prizes.

Papers are to be submitted on or prior to June 1st, 1928, to the Secretary of the First District Dental Society, 2 East 103rd Street, New York City.

Anesthesia

THE Portico Columnist of *The Hartford Times* recently wrote this piece about anesthesia:

Within us there is a cavern of unmeasurable proportions through which eddies, flows, congeals, loosens, swirls a pandemonium of sensations like a vast traffic jam at a five-way junction, with all cars starting at once, unregulated, weaving in and out dizzily.

* * *

Above the cavern and related to it, yet unable to discipline its forces, is our conscious. Below it our nether extremities.

* * *

Our knees seem suddenly possessed of a faculty of full rotation, as though they would dangle in all directions, like a rag doll, if someone were to lift us by the scruff of the neck.

* * *

We settle back into the chair.

* * *

And open our mouth, wide.

* * *

And close our eyes and hold our breath.

* * *

And wish we had waited until tomorrow.

* * *

A twinge sharp, ominous, then a sense of infiltration, indefinable, doubly ominous. Another twinge. And still another.

* * *

Then we settle back again in the chair and emit a deep sigh.

We know now how it felt to face martyrdom like the early Christians, or to be captured by Mexican rebels, or sign a double indemnity insurance policy.

* * *

One just sat there and waited, like us.

* * *

We breathed a little deeper, a little faster, hungrily trying to glean confidence from the air. We fastened our gaze on the calendar and tried to dope out poker hands by series of squares. We thought of the letter we had forgotten to mail.

* * *

But no use, that moiling current of sensation divided us in the middle as thoroughly as a fool and his money are separated. Our toes beat a tattoo against the metal edging of the chair to what we fondly believed was a jazz rhythm running through our conscious. Our toes were still hitched to our legs, but our legs seemed to be detached from us. We investigated and found this to be an illusion, even as the jazz tune had been an illusion.

* * *

And up in the vicinity of our conscious we were aware of a gradual chilling and hardening where those three twinges had stabbed at us like a cobra's fang. A gouge seemed to have been routed out of the side of our face. A miniature of that cav-

ern in our midriff, except that it was still, free of all sensation.

* * *

Our pulse was about 125 by actual count.

* * *

We wondered whether our heart would stand it and hadn't we better wait a day or two. Then another twinge. It wasn't a twinge, but it should have been. And that indicated that we were ready.

* * *

Our pulse gained ten more. Our legs left us completely and wandered aimlessly out through the window into the ether, across the roof tops towards that cloud over East Windsor Hill. The traffic jam in the cavern suddenly decided, simultaneously, to Charleston.

* * *

AND THEN—

* * *

Our legs flew back into their sockets with a bang. The traffic jam froze. The gouge in the side of our face was wigwagging or sending a spirit message from wherever it was to where it should be. It was struggling against something, a titanic battle of attrition like a game between evenly matched football squads, alternating in carrying the ball, each side gaining and losing the same number of yards per rush.

* * *

Then a break in the defense somewhere and a galloping ghost, or golden tornado, or fleeting phantom, or perhaps it was the four horsemen leaped free and cut loose.

* * *

Instantly we felt contiguous again, head to foot, except that our pulse had dropped from 125 to 15, our respiration to nothing, for we held our breath and waited

* * *

For a word of encouragement.

* * *

From the dentist

* * *

Who said

* * *

"It's out."

An Unusual Article

Because it is "unlike any other paper," ORAL HYGIENE *prints many unusual articles during the course of a year. "Fads and Observations," by Dr. J. Martin Fleming, of Raleigh, N. C., starts in the May number. It is one of the several outstanding features which* ORAL HYGIENE *will publish this year.*

A Remarkably Sensible Statement

Editorial from the January 14, 1928, Journal of the American Medical Association

TOO many teeth are extracted without clinical or pathologic justification. Two opposing conditions are constantly present: First, all infection in the mouth must be eradicated; second, teeth should not be extracted if the infection can be otherwise eliminated. Discussion of the relationship of tooth infection to certain systemic diseases is, of course, no longer necessary. It is self-evident that all sepsis and pathogenic foci in the mouth should be removed. Success in this field demands more frequent consultations between the dentist and the family physician. The physician should not peremptorily order one or more teeth extracted, nor should the dentist extract the teeth of a person who is found by questioning to be under the care of a physician or in need of medical care, without consulting with the physician who has examined the patient. Too many instances are now on record (and probably the reported cases represent only a small minority of serious conditions following the extraction of teeth) of dental and medical thoughtlessness in the extraction of teeth in more or less serious conditions. Three instances of death following soon after the extraction of teeth were recently reported by Buckley.* The removal of teeth is a surgical procedure, though generally a minor one, that requires preoperative cleanliness, skilled technic and, if there is infection and suppuration, careful and untiring postoperative care. A tooth should generally not be removed until a roentgenogram has been taken and commented on by a skilled roentgenologist. The gums of a patient with pyorrhea should rarely, if ever, be punctured for the injection of procaine hydrochloride or any other substance, as these punctures offer absorbing surfaces for the bacteria already in the mouth. The surgical treatment of a septic mouth after operation should be the same as that of any other part of the body that is septic. The necessary extraction of septic teeth will not cause death, but the neglect of medical and surgical care of the patient associated with any surgical operation may do so.

*Buckley, R. C.: Necropsy Reports on Persons Dying Shortly After the Extraction of Teeth, J.A.M.A. 89: 1776 (Nov. 19) 1927.

ORAL HYGIENE'S Old Time

By George C. Bowles, D.D.S., Detroit, Mich.

DR. EDWARD B. SPALDING was born at Eagle Harbor, Michigan, on Lake Superior, September 18th, 1869. Eight generations ago, in 1619, the first Edward Spalding to arrive in this country, came to Richmond, Virginia, from England. His mother's ancestors came over in the Mayflower in 1620. In 1622 one half of the Virginia colony were killed by Indians but Edward Spalding and his family escaped. In 1628 he moved to Baintree, Mass., and cast his lot with the New England colonists. Thereafter the Spaldings took an active and a leading part in the sacrifices, and the triumphs of the New World in its development from a few struggling colonies up to a mighty nation.

William Putnam Spalding removed from Hartford, Conn., to Sault Ste. Marie, Michigan, in 1846. He engaged in merchandising, built docks and a warehouse and transported cargoes, intended for Lake Superior points, from boats below the rapids in St. Mary's River to waiting boats above. Such was the method before the building of the "Soo" canal and locks.

In 1848 he went back to Connecticut, married Miranda B. Sexton, and took her back to the "Soo."

He served in the Civil War from 1862-64 as Regimental Quartermaster with the rank of captain.

After the war he moved to the copper country, on Lake Superior, where Edward B. Spalding was born. Edward B. attended school at Sault Ste. Marie and graduated from high school, president of his class, in 1887.

Preparatory to taking up the study of dentistry he attended the Michigan State Normal School at Ypsilanti '87-'88, '88-'89. He also took up singing at the Conservatory in Ypsilanti and received the highest mark for singing that had been awarded by that institution up to that time.

In 1889 he entered the Dental School of the University of Michigan and graduated with the first three-year class in June, 1892. Three months later, in September, 1892, he began the practice of dentistry in Detroit.

The characteristics of leadership which had marked him in all his activities hitherto soon carried him to the front ranks of his profession, a leadership which he holds in undisputed possession to this day.

In 1898 Dr. C. H. Land was doing pioneer work with his combination iridio-platinum, porcelain faced crown. Dr. Spalding, seeing the possibilities

Old Timers Series

Detroit, Mich.

Edward Bartlett Spalding, D.D.S., F.A.C.D.

of the porcelain art to dentistry, spent some time in Dr. Land's office and began making porcelain inlays and the Land crown. Bringing to the work the vision of an artist and the ability of a highly skilled technician he quickly developed the Land crown into the Spalding porcelain jacket crown.

The first demonstration ever given of the all porcelain jacket crown was made by Dr. Spalding before the Michigan State Dental Association, meeting in Petoskey, Michigan, on July 8th, 1903,

In October of the same year at Rochester, New York, both Dr. C. H. Land, and Dr. E. B. Spalding demonstrated the crown. Each gave his own method of tooth preparation and the steps in the production of the finished crown. And on December 8th of the same year Dr. Spalding was called to New York City where he again repeated his demonstration. The crown sprang into immediate favor and in spite of Dr. Spalding's efforts to give the full credit for the idea to Dr. C. H. Land, the crown was universally and justly known as the Spalding jacket crown.

Recognizing that adequate dental service demanded preventive dentistry as well as reparative dentistry Dr. Spalding began the systematic practice of oral prophylaxis in 1902. In 1905 he read a paper on oral prophylaxis which aroused great interest in the subject and made many converts who still remain enthusiastic advocates of the cause.

Soon after this Dr. Spalding enlisted the service of Dr. Grace P. Rogers who, with an inspired skill and enthusiasm, took over the oral prophylaxis phase of his practice. This work she still continues though since 1910 it has been as Dr. Grace Rogers Spalding.

At present Dr. Spalding is chiefly interested in the difficult

problem of conserving the few remaining teeth and restoring to masticating efficiency those dentures "shot to pieces" by the extraction of infected pulpless teeth or from other causes. With characteristic attention to every detail involved, he has evolved a type of removable saddle restoration which is a masterpiece of craftsmanship, and the acme of comfort and satisfaction to the patient. This work he demonstrated at the recent meeting of the American Dental Association at Detroit.

The demand on his time for this class of work became so great that to reduce the number of his patients requiring short operations, he removed his office in 1924 to Birmingham, Michigan, the beautiful suburban city eighteen miles north of Detroit. Here, ideally situated, but busier than ever, he demonstrates Emerson's contention that "if a man built a better mouse-trap than his neighbor the world will beat a path to his door though it be in the wilderness."

He has always been active in dental society affairs. He was president of the Michigan State Dental Society in 1908. That year he chartered a steamer and held the annual state meeting aboard while enroute to Sault Ste. Marie and return. It was the most daring, most original, and by long odds the most interesting meeting the state society ever held.

He has been president of the First District Dental Society, Grand Master of the Detroit Auxillary Delta Sigma Delta. Director of the Porcelain Section of the Detroit Dental Clinic Club and at present is director of the Removable Saddle Denture Section of that club.

In recognition of this outstanding service to the profession the First District—Detroit—Dental Society tendered him a testimonial banquet on December 8th, 1927.

He is a member of the society of the Sons of the American Revolution, and was one of the ten incorporators of the Detroit Golf Club in 1899. He is a member of the Detroit Boat Club, the Detroit Athletic Club, and the Pine Lake Country Club.

Dr. Spalding was married to Dr. Grace P. Rogers, June 18th, 1910. They have one daughter, Barbara Grace, born November 19th, 1915.

In their ideally situated home on the shore of Green Lake, which reflects within and without the refinement and culture of its owners, is found the satisfaction and the full reward for days overfilled with the duties of an exacting practice.

Dentist's Dog has her own BANK ACCOUNT

By Warren R. Vert
"Oral Hygiene"
Staff

MORE than 54 audiences have applauded the work of Queen, who is Dr. L. L. DeArment's wonder dog. She lives in Dalton, Ohio.

Queen is five years old and weighs about 145 pounds; she is a light tan-colored Great Dane, born in California.

She balances objects on her nose, adds, subtracts, multiplies and divides with the understanding of a seven-year-old child and performs numerous feats that stamp her as an outstanding member of the canine family.

Dr. DeArment believes that she understands practically everything that is said. Any time the conversation turns to something that interests her, Queen is all attention. Her fine memory is one of her outstanding traits. The Doctor can take half a dozen common objects, a glove, a hat, a ball, etc., and go out in the orchard, putting them in different places—Queen, of course, accompanying him. Then they return to the house. Half an hour later he will say, "Queen, go out and get my glove," and she goes straight to it and brings it back to him.

All of Queen's performances are for charity. She has entertained at hospitals, sanitariums, institutions for the care of children and particularly crippled children, all without remuneration of any kind. She has also appeared at many benefit performances for Boy Scouts and Church Organizations, Farmers' Institutes and Service Clubs.

In these performances she has earned from $1 to $1.25 per minute for an hour or an hour and a half of entertainment. The organizations devote their share of the proceeds from gate receipts to community work and Queen's share goes into her own private bank account. She sends checks regularly to worthy charity movements, such as relief for miners' children, Mississippi flood relief and movements in behalf of the animal kingdom.

For two years her best friend, next to Dr. and Mrs. DeArment was Dolly, a pony. Dolly died recently and was buried out in the orchard. Queen took bouquets to the grave weekly for weeks and one day Dr. DeArment found she had buried a great number of apples there. When Dolly was alive, Queen was accustomed to gathering apples and taking them to Dolly's stall.

No whip or harsh words have ever been used in training her. "We have tried to teach her just as we would teach a child," says the Doctor. She does no tricks, in the sense that they are tricks. Everything she does is done through her own intelligence.

After an hour's performance Queen is mentally tired and invariably takes a restful nap.

Queen is patriotic, and stands valiantly for the Stars and Stripes, in which her master taught her to have great faith. She pulls the flag to the top of the flagpole in the DeArment yard and then salutes it with three sharp barks. She holds her own flag in her mouth confident that when she is holding it, no harm can come to her. She makes it impressive by standing off a Bolshevist who sneers at the flag, and one of her popular acts is when her master, arrayed as a Bolshevist, attempts to take the flag from her.

She has her own chair to sit in and when she wants to lie down she paws for a second chair, for one is not big enough to permit her to recline.

The Doctor says that he has never seen a trick she could not duplicate and the difficulty is to find new things to teach her.

"The Narcotic Reformers"

Editor ORAL HYGIENE:

Allow me to commend your editorial in January ORAL HYGIENE, "The Narcotic Reformers." In the words of the "man in the street" it is a "peach."

I think that it is the finest exposition of the matter that I have read in a long time, if ever. It is a sermon.

I want to thank you for your editorial. I am going to carry it in my pocket and show it to my friends.

SAMUEL LOEBENSTEIN, D.D.S.

Kansas City, Mo.

How Do You Handle Pests?

By William R. Adams, D.D.S., Springfield, Mass.

HOW often do we hear the "announcer" of the reception room door buzz out the sweet music that heralds the arrival of a prospective patient—only to discover the disappointing and annoying fact that it's somebody chanting "any shirts to measure?"

"A fine assortment of neckwear to grace the bosom of so respectable a personage as yourself," may be the tune. Or, as one salesman put it, "Of course you have corns, Doctor, bunions and tired feet."

A thousand and one intruders of this type find their way into the offices of busy dentists.

Who are these intruders? The above three I have cited have been dentists themselves, and about one to every ten who have pushed open my office door has practiced some sort of dentistry.

"Let me take a moment of your time, Doctor," said a tall, dark faced individual, "I am Dr. Blank, I am a dentist, but I gave it up to sell goods." All this within hearing of a patient resting in the retiring room after a long sitting.

Good enough, you say, for any man who cannot make a living in the respectable profession of dentistry should sell corn cure, door mats and bug exterminator. But, why in the name of Sam Hill pick on the dentist who is trying to make a living in the honest pursuit of his profession?

Furthermore, refuse one of these Slick Jims and see what he has to say about dentistry. He will tell you that you are a cutthroat, a robber, a piker, a sneakthief, a bleeder, and that 99 out of every 100 ought to be blacksmiths instead of dentists.

These traitors work their way into the marble lobbies, and ride their way to the top floor in mahogany elevators, and work from the top down, unsuspecting. They carry neat little doctors' bags, brief cases or non-detectable containers for their wares. They are not tramps in apearance.

Should we not in some way discourage this practice, or shall we tolerate it and help them to exist and go on lambasting an honored and worthy science? The writer does not include the

true dental salesman who knows his "stuff" and is a sincere worker for the cause of good dentistry, generally speaking.

I should like opinions and suggestions as to the proper mode of coping with such characters, most of whom are big, healthy, full grown men, smooth talkers and "hell bent" on getting your money.

Editor's Note—For a number of years I was pestered by the very type of annoyances that Dr. Adams has mentioned.

The way that I have overcome these pests on the telephone, by correspondence and those who personally come to the office, is to inquire whether or not they desire to see me professionally. They must answer this question, and if they state that they wish to see me professionally and then attempt some other game, we immediately send them a bill for consultation, and if it is not paid at once, we put it in the hands of a collector. Legally, you can collect for the time occupied by anyone who says he wishes to see you professionally, even though the subject of disease is not mentioned. The fact that he occupies your time on this pretense is sufficient.

Furthermore, we notify all agents that when we desire to do business with them we will go where *they* pay the rent. We pay the rent for those who desire our professional services, and that puts an end to our visitors. Apparently they make a mark on the fence, warning others—

"Don't bother this guy; he's hard-boiled!"

A Correction

There was an error on page 36 of January ORAL HYGIENE.

In Dr. Smedley's reply to Dr. Kells, the formula for the sedative cement recommended by Dr. Smedley for pulp conservation should read as follows:

Liquid: Eugenic Acid (The active principle of Oil of Cloves)—Thymol-Iodine.

Powder: Oxide of Zinc (Must be absolutely free of Arsenic content)—Bismuth Subnitrate.

Winter Class

To answer inquiries regarding the Winter class:

Full information regarding Dr. George B. Winter's next class course in Advanced Exodontia can be had by writing to R. Fobes, Registrar, Washington University, St. Louis, Mo.

CHILDREN PARADE for Tooth Brushes

By Frank Farrington, Delhi, N. Y.

A drum corps lead the parade.

They formed in line at the store to get their brushes.

FEW towns as small at Delhi, N. Y., with its population of 1776 (and a spirit of '76 as well) have provided their schools with an oral hygiene nurse. Fortunately Delhi has on its board of education a progressive dentist, Dr. George P. Schlafer, who takes a real interest in the welfare of the children of the community. It was his initiative that resulted in securing a nurse and in the complete survey of the teeth of all the children below high school age.

New York State has a plan by which state-hired oral hygiene nurses may be obtained by schools on a basis of state aid in paying the salaries. Such a nurse is in the employ of the state, receives $35 a week, and will be sent to a school for a period of time, the school reimbursing the state for a portion of the salary. The nurse sent to the Delhi schools was able to complete her check-up of the children's teeth in about two months, reporting to parents what the teeth needed. She will be brought back later in the school year to inspect the teeth again and discover whether they have been given the care they required.

As an interesting climax to the work of this nurse, there took place a parade of the chil-

dren when they visited a local drug store to get a tooth brush and dentifrice.

The principal of the school made arrangements with a local druggist to supply tooth brushes, so that no child would have any excuse for not brushing the teeth. The druggist agreed to supply each child with a suitable brush and a sample tube of dentifrice free, if the youngsters would march in a parade to the store to get them, thereby securing a little publicity for the store.

At 11 a. m. on the appointed day the children headed by a drum and bugle corps, led by the physical director, assisted by several teachers and the oral hygiene nurse in her white uniform, marched to the drug store. Each child was given a bag which contained a sample tube of dentifrice, larger in size than most sample tubes, and a juvenile tooth brush, a three-row brush with a 4¾-inch handle.

This plan of the tooth brush presentation impressed it more strongly upon the minds of the children. About 250 brushes were given out and taken home for use.

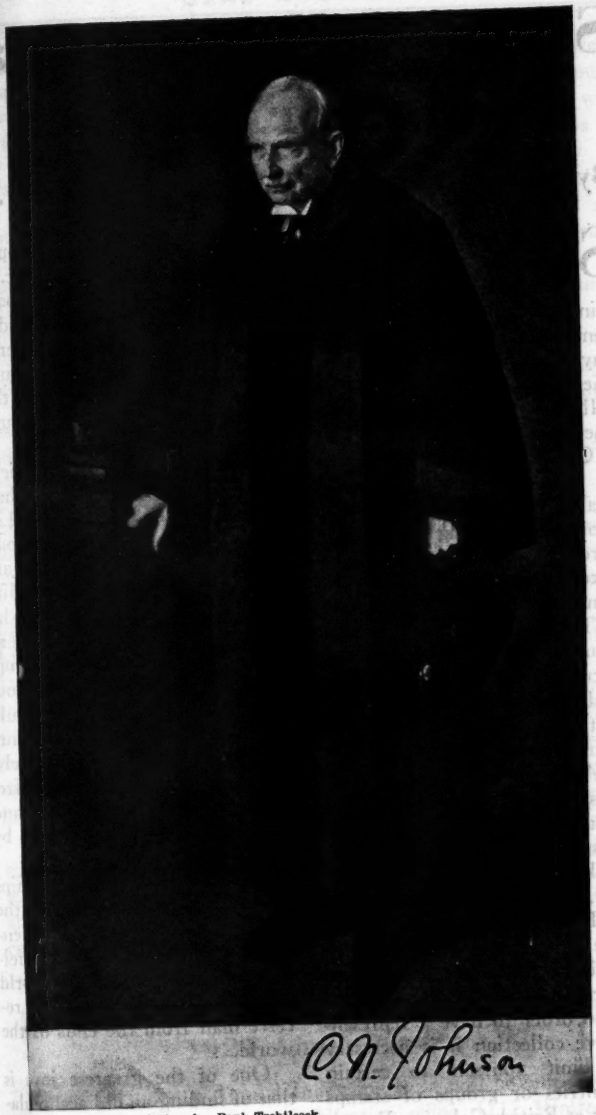
The children in the parade bore banners reading, "A clean tooth never decays," "Good teeth for good health."

Alibi for Queer Page-Numbering

Sharp-eyed ORAL HYGIENE *readers will have noticed that: (1) this page and the foregoing fifteen pages are numbered 664-a to 664-p and (2) that the several articles appearing within these sixteen pages are not accounted for on the contents page.*

This is due to the fact that these sixteen pages are part of a form added to the book after make-up had been completed.

ORAL HYGIENE *hopes that its readers will enjoy this extra text section and that not too many will worry about the queer page-numbering or the unavoidable ommission of contents page listing.*



—From an oil painting by Paul Trebilcock.

Stamp Collecting as a Hobby for Dentists

By Samuel Konwiser, D. D. S., Newark, N. J.

STAMP collecting has been called by many "the king of hobbies and the hobby of Kings." In reality it is most democratic. The beginner can buy a thousand different varieties for a dollar and the rich collector pay his thousands for one or two rarities.

Collecting stamps will appeal to the dentist who craves a change from thoughts of broken roots and floating lower dentures, to something which will take his mind away from all his dental troubles.

There is no better means than by sitting down before an accumulation of postage stamps and examining the manifold varieties before placing them in your album.

A wonderful advantage of this hobby is its compactness. Very little space is required and a small drawer of your office desk is sufficient for the beginner.

Today it is impossible for any one collector to get all of the varieties that have been issued since 1840.

In order to have a representative collection it is necessary to limit yourself to certain countries or groups of stamps such as British Colonies; French Colonies; South America; Air mail stamps; animal stamps; ship stamps; map stamps, etc.

There are two weekly papers devoted to the hobby besides many monthly and quarterly journals published in this country. This does not include the papers published in other countries.

The largest American society has a membership of more than 4,000, of whom there are 125 physicians and dentists. Among the followers of the hobby are men from all walks of life ranging from students and laborers to millionaires and rulers.

There are hundreds of stamp-collectors and dealers throughout the country, all of whom would be glad to initiate beginners into the many pleasures of philately.

Auction sales are held frequently in the largest cities and collectors are able to bid by mail.

Many pleasant friendships are made at the meetings of the local clubs and yearly conventions. Correspondence with fellow collectors all over the world gives us a thrill when we receive mail from the ends of the world.

One of the greatest joys is that of finding an old accumulation of letters and stamps which may be very valuable. I per-

sonally have had several of these experiences and they are only comparable to the thrill of finding your x-rayed molars filled to the apexes or fitting full lowers that will not budge.

One time I read of an old factory in the city which was winding up its affairs and going out of business. I received permission to go through the files and found many stamps for my collection and also some duplicates which I exchanged or sold.

Another time I was fortunate enough to buy, at the post-office, a sheet of stamps which had been perforated only one way. These stamps today are valued at $100 each because there are only about sixty in existence.

Dentists living in communities dating back to the 40's have many advantages over those in the newer towns. There are thousands and thousands of dollars worth of stamps waiting to be found before they are destroyed by those who do not know their value.

Stamps used on the original envelopes are of greater value as they usually show the date and place of use besides the complete cancellation.

The first postage stamps were issued in 1840 and in this country the first regular issue was the five and ten cent stamps of 1847. Today a good copy of these two will cost about thirty dollars. Other stamps issued are much more rare and cost hundreds of dollars.

Several cities issued stamps before the government did and some of these are among the rarest stamps of the world, costing as much as $10,000 for a specimen.

Philately is one of the few hobbies in which you can eat your cake and still have it. With proper selection of stamps and fairly complete collections you can always realize what was spent on the stamps and very often your investment pays good dividends.

In a short article like this it is only possible to make a sketchy outline of the hobby but if anyone is interested in starting a collection I will be pleased to place him in touch with some collector or club in or near his home town where he can obtain further information or else I'll help start him myself.

1927 Annual Index

ORAL HYGIENE's Annual Index for 1927 will be sent without charge upon request to the publication office, 1117 Wolfendale Street, N. S., Pittsburgh, Pa.

INTERNATIONAL Oral Hygiene

By
CHAS. W. BARTON
Overseas Editor

GREAT BRITAIN

The Great Western Railway at Swindon have one of the biggest dental clinics in the country. It is a branch of their Medical Fund Society which looks after the bodily health of the 13,500 railway men and their wives and families, amounting to many thousands more, who live there. The dental clinic is so well patronized that Dr. J. H. Macmillan and his staff of twelve assistants are kept busy every day from 9 A. M. to 7:30 P. M. Consultations, scaling, and extractions are free of charge, and artificial teeth are supplied at a reasonable cost, on the easy payment system when desired. It was constantly found by physicians that the greater number of their patients needed not the eternal bottles of physic, but dental treatment. Dental clinics such as that in Swindon paid their cost many times over, and it is a remarkable fact that none has been established in Government factories and workshops.

* * *

In the annual statement submitted to the Education Committee of Brighton, it is mentioned that special attention was paid to children about to leave school as to the state of their mouths, and it was noted that 425 of these children had, as a result of periodic inspections and treatment, perfectly healthy mouths, and of this number 138 had every tooth perfect. This is an important figure, and as the dental work increases and parents consent to the treatment, it will increase. The number may at first seem small, but the dentists, with their experience of the unusual condition of school children's teeth, state that it is higher than they anticipated. It is reasonable to hope, therefore, that in time the majority of children leaving school will do so with sound and perfect teeth, and the value of this should be reflected in improved general health.

* * *

Leeds scholars lost between them during the year the total of 37,912 teeth. Nearly 62,000 children were examined by dental officers, and 39,672 were found to need treatment.

* * *

In Huntingdon at the Women's Institutes in Conference the Hilton delegate moved: that in the interests of the children's health a dental surgeon at the Huntingdon Clinic is an urgent necessity. Mrs. Coote seconded, adding that this had been turned down previously on the ground that it took away re-

sponsibility from the parents. There were good and bad parents, and if there were no bad parents then legislation would not be necessary. Miss Bryant of Huntingdon opposed. It was clearly known children could be taken to the hospital and their teeth removed free of charge. She felt that the continued sending up of these resolutions to the County Council must annoy that body, and it must be remembered that the County Council, as a spending body, had to think of the taxes. These continually went up and up, and something ought to be done to reduce and not increase them. It would be far better to send such a resolution to headquarters and let it gain the support of the movement throughout the country. Huntingdonshire was the poorest county in England, and they ought to remember that. The resolution was so amended and on being put to the meeting was carried. Mrs. Coote then suggested that each Institute should try and open a fund for this particular purpose, and this be managed by the members.

* * *

CANADA

The dental condition of children segregated in institutions or charity homes is a matter for inquiry which, promising though it might not should be in instructive results, has not so far been reported upon to the extent that one might expect. Some of the few available instances of such dental examination and report have from time to time been issued. The following account—somewhat lacking in details and tantalizingly devoid of information as to dietary—is taken from the *Dominion Dental Journal;* it may possibly have a "steadying" effect upon those who have an enthusiastic belief in the all-sufficient virtues of the toothbrush:

There is located in New Westminster, B. C., an orphanage with fifty-two children under the direction of the "True Blue Lodge" and other local clubs. They have had quite a struggle financially, and when Dr. Sampson learned that the children had not received any dental treatment he offered his services free to the institution. Dr. Sampson has examined all the children, whose average age is ten and a half years. Thirty-one of the children have been in the institution since babyhood. In these there were only fifteen decays in the permanent teeth and none involving the pulp. Only four of the entire school ever had any dentistry done, and these were extractions. The general condition of the mouths of all the children is unusually clean and little caries, which speaks wonders for the dietitian and general management of the school. There is quite a good deal of staining of the teeth and few toothbrushes are in use. A remarkable thing noticed by the dentist was that in such cases as there was a toothbrush the mouth was in questionable condition. Stains, no toothbrush, and no caries go together. *Dental Record.*

* * *

AUSTRALIA

In his presidential address before the Odontological Society of Queensland Dr. C. B. Freeman said that "in spite of the example of the United States, we have done nothing in the matter of public education. There it is only the man who cannot read who does not know the danger of a septic mouth. It is high time something was done in this matter here in Australia. With regard to school dentistry, however, Queensland is well in the running, and the government of Queensland is to be congratulated on its continued interest in dental welfare and education of the children. A motor clinic is, I think, the latest move." *The Dental Science Journal of Australia.*

Do you remembe

VERY EMBARRASSING

His Sister: "Hello, Charlie! I knew you were having your teeth filled, and as Miss May and I were going by we thought we'd run in and see how you were getting along." *(No doubt he feels highly honored by the visit, especially since he fairly adores Miss May, but the peculiar arrangement of his mouth will not admit of his saying so.)*

When----

—the alleged humorist provoked gales of laughter with pictured situations such as these? ORAL HYGIENE thanks Mr. Alex R. Keltie of Boston for these old pictures, evidently clipped from an ancient *Harper's Weekly*. We'll be glad to receive similar material—serious or otherwise—for "Do you remember when—" feature pages.

MISTIMED PLEASANTRY

Facetious Dentist: "Oh, my dear sir, there's no necessity to open your mouth so wide. I can do it from the outside easily, I assure you."

(But this sally was quite thrown away on his patient.)

LONG FANG TERRIBLE

Portrait of an eccentric bachelor friend of ours, who, after having suffered six weeks of torture from a three-pronged molar, went to a dentist, had it extracted, took it home, put it on the table in front of him, *filled it with brown sugar,* and laughed at it horribly!

FACTS *and* FANCIES Down *in* DIXIE

By Eddie Kells

THE FIRST PERMANENT MOLAR

IN a letter dated December 5th, 1926, Brother Edmund Noyes had this to say: "Will you please tell me *what is* conservative treatment for first molars decayed on both occlusal and proximal surfaces at eight or ten years of age?"

Now while I can't say just what "conservative treatment" for such teeth would be at eight or ten years of age, I don't hesitate to tell you, friends, what I have always thought was the *proper treatment* for just such teeth.

I was taught, and that was way back in the year one you know, that when a child of eight, nine, or ten years of age, presented with the first molar as badly broken down as Brother Noyes described, such teeth were hopeless.

I was taught that the very best results would be obtained for that unfortunate little child by the holding of that tooth, by means of temporary fillings, until the two bicuspids were well erupted, and then *extracting* the hopeless first molar.

If this molar is extracted *before* the second molar has started to erupt (preferably six months before), then the second molar will erupt in the position of the first molar, *vertically*—vertically, that's the point—and come in good contact with the second bicuspid.

I have seen, I won't say scores, because I am happy to say that we did not get such cases by the score, but I will say quite a number of these little kids, for whom the first molars were *extracted at the right time*, grow up to be twenty, or thirty, or forty years old, and the result of this extraction proved to be most satisfactory.

I believe it is safe to say that such teeth as Brother Noyes described do not come in single lots. When one molar is in such a desperate condition the other two or three of its mates are usually in the same condition. Therefore it was that, as a rule, in such cases either two or four molars were extracted.

With the second molar erupting in the place of the first, the third naturally erupts in the place of the second and, again, as a rule, in that position, where

it gets more work and probably better care, it stands a better chance than when it erupts in the normal position.

Therefore I'd say: "When you meet with such a case the *most conservative treatment*—that is, conservative in the end results obtained—is its extraction *at the proper time.*"

How Much Do You Charge?

Editor ORAL HYGIENE:

In answer to Dr. P. M. Willemin, of California,* "How much do you charge to pull a tooth?"

Two dollars for pulling a tooth but it may be necessary to curette (remove) some dead bone, or pus, which will be from two to five dollars extra.

I find many cases require x-ray to determine the cause of trouble. If the tooth has one or more roots, or if it is possible to pull the tooth or if an operation is necessary, that would cost you three dollars more.

If you do not wish to be hurt I can use an anesthetic, a local or numbing of the tissues around the tooth. It will cost three dollars not to hurt you. Some of my patients prefer to go to sleep. In case you prefer to have no sense of feeling, or know what is being done, I could administer an anesthetic (or sleep) for five dollars, this of course is the most desirable and generally the method I would advise as you are not hurt and there are no after effects in the great majority of cases.

Yes, I charge two dollars for pulling the tooth but—you may have complications afterward and a charge of two dollars per visit will be my fee for these treatments.

Certainly I will pull your tooth for two dollars, but you cannot expect me to give you all the comforts of an anesthetic, and post-operative treatments for nothing.

My secretary will give you an appointment. I do not carry accounts, my fee is a just remuneration for work performed without pain to my patients and I insist on payments after each sitting.

BLAKE A. SEARS, D.D.S.

Hartford, Conn.

*ORAL HYGIENE, January 1928, page 29.

W. LINFORD SMITH
Founder

ORAL HYGIENE

REA PROCTOR McGEE, D.D.S., M.D.,
Editor

Manuscripts and letters to the Editor should be addressed to him at 514 Hollywood Security Bldg., Los Angeles, California. All business correspondence and routine editorial correspondence should be addressed to the Publication Office of ORAL HYGIENE, Pittsburgh, Pennsylvania.

INSURANCE

THE other night I listened to an insurance man talk to a professional gathering. I would like to suggest that life insurance agents have their speeches limited to thirty minutes. This one lasted three and one-half hours.

Even at that he said some interesting things. First, he stated that life insurance costs the policy holder twice as much as it could be sold for, if the companies were conducted upon a logical basis of economy.

He told us that the present mortality tables are based on estimates made more than seventy years ago by one actuary only and that his estimates were not correct even at that time. The changing of the tables to today's estimates would result in saving hundreds of millions of dollars to the American public every year. The average length of life is now fifteen years greater than it was seventy years ago. There are a variety of companies doing business in the U.S.A.—hundreds of life insurance concerns. Some of them are good, some are bad, some are not so good. How can you tell which is a good one?

That is the question.

The insurance laws of the State of New York are the most stringent in the country. It might be a good idea to inquire if your prospective company can do business there.

EDITORIALS

Incidentally, it was stated that as a liability company the Medical Protective of Fort Wayne is the best in the business.

In view of the necessity for a most drastic change in the actuary tables and a general revamping of the business it might be in the line of good judgment to add a dental examination to the medical examination for applicants for policies.

A patient is not completely examined until the mouth is inspected by a competent dentist.

1760

In 1760 the first medical examining board, in what later became the United States, was organized. The law of the Colony of New York was enacted because untrained practitioners were flourishing.

The preamble to the bill said:

Whereas, many ignorant and unskilful persons, in Physic and Surgery, in order to gain subsistance, do take upon themselves to administer Physic and practice Surgery in the City of New York, to the endangering of the lives and limbs of their patients, and many poor and ignorant persons, who have been persuaded to become their patients, have been great sufferers, thereby.

Under the law all early dentists in New York were licensed.

PRACTICE OF MEDICINE DEFINED

The Medical Practice Act of 1907 defined the practice of medicine as follows:

A person practices medicine, within the meaning of this article, except as hereinafter stated, who holds himself out as being able to diagnose, treat, operate, or prescribe for any human disease, pain, injury, deformity, or physical condition, and who shall either offer, or undertake, by any means or method to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition.

This is interesting to the dentist because according to this definition dentistry is surely a part of medicine. The exceptions relate largely to dental practice. In Brooklyn, N. Y., there has been a recent drive against illegal and unlicensed practitioners. This effort was unusual because the energy was furnished by a special committee from the King's County Medical Association instead of the Board of Examiners or the district attorney's office.

It was even discovered that certain local officials had issued local registration certificates to practitioners who held no state license.

Here is a suggestion for dental societies. Appoint your own committee to look for illegal practitioners.

FETED

The Southern California State Dental Association requests the honor of your presence at a testimonial dinner to be tendered DR. JULIO ENDELMAN in appreciation of his contributions to Dental Science and in recognition of his efforts in the field of Dental Education.

And so on February the eleventh we all went—that is everybody in Southern California and many from Northern California.

Isn't it pleasing to know that an editor has so many friends left? As editor of *The Pacific Dental Gazette,* Dr. Endelman is known throughout the western part of the United States; as professor of pathology he is known wherever the University of Southern California has sent dental graduates; as an author he is known wherever the science of pathology has penetrated; as a very delightful and cultivated gentleman he is known around the world and as a friend he is known both here and hereafter.

An editor might arrive at a certain degree of eminence because of his peculiar style of saying things but a pathologist—a pathologist arrives at the

goal by hard work—day after day—forever on the trail of the tissue changes that occur in disease.

By natural ability and long practice in writing, Dr. Endelman has developed a most readable style. In his pleasant and definite way he has written the best of the Dental Pathologies. Only recently another edition of Julio Endelman's Dental Pathology has come from the press of C. V. Mosby Company, St. Louis. Just the pathology that a well-posted dentist must know fills four hundred and thirty-three pages and three hundred and seventy-one illustrations help to present the subject clearly.

This book is of peculiar interest to the periodontist because in his private practice Dr. Endelman is one of the outstanding periodontists. He knows the pathology of pyorrhea as no one else knows it.

But I almost forgot the banquet in telling about the book. The program was:

Toastmaster, Dr. A. W. McDowell, Dean, College of Physicians and Surgeons, San Francisco.
"Educational Internationalism," Dr. Rufus B. von KleinSmid, President of University of Southern California.
"As an Educator," Dr. Guy S. Millberry, Dean, University of California Dental Department, San Francisco.
"As a Scientist," Dr. John S. Marshall, Professor of Pathology, University of California Dental Department, San Francisco.
"Student Influence," Dr. L. E. Ford, Dean, University of Southern California Dental Department.
"As an Editor," Dr. Rea Proctor McGee, Editor, ORAL HYGIENE.
"Organized Dentistry's Appreciation," Dr. Bert Boyd, Past President, Southern California State Dental Association.
"Fellow Author," Dr. James D. McCoy, President of the Board of Trustees, University of Southern California Dental Department.
"Medical Appreciation," J. E. Pollia, M.D.
"As a Friend," Mr. T. R. ("Bert") Edwards, San Francisco.
Fraternity Presentation, Dr. Shirley W. Bowles.

It is a great pleasure to participate in the distribution of flowers while the recipient is in good health and can appreciate the kindly intent.

From all over the civilized world, letters, cablegrams and telegrams came in such numbers that they could not all be read at the dinner. These graceful souvenirs of the occasion were bound into a book

which will ever be a happy reminder of this day upon which his life work was recognized by Dr. Endelman's friends.

IF YOU WERE DISABLED

The greatest number of officers in the World War were in the "Emergency" classification. There were eight other classifications all of which received retired pay if they were totally disabled.

A bill is now before Congress to place the Emergency officers upon the same status, which is only fair.

Nearly all dental officers were Emergency men. A crippled dentist does not have a very easy time in practice these days. If he was disabled in the service of the nation he should receive the same retired pay that he would receive if he belonged to the regular Corps.

A physician, a lawyer, a chemist, or an architect could get along fairly well, if crippled, by depending upon the help of technicians: the professional man furnishing the brains, experience, and legal qualifications, the assistant doing the physical labor. A dentist cannot, in most states, call in outside operative help: his brain must be backed by one hundred per cent physical efficiency.

A slight disability may completely prevent a dentist from practicing his profession. Give this retired pay bill your support not only for our disabled dental officers, but for *all* of those men who led our soldiers during the war.

"Ask ORAL HYGIENE"

Conducted by V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Bldg., Denver, Colo.

Those having questions to ask or answers to submit to questions already asked, or other comments to contribute, will kindly communicate directly with the above named Department Editors. Please enclose postage when personal reply is desired.

HYPERTROPHIED GUMS

Q.—In taking advantage of the new "Ask ORAL HYGIENE" department I would like information on the following:

In case of a patient having hypertrophied gums extending half way up the crown of the tooth and either firm or spongy would it be better to use actual cautery or to excise the gums? Some of the points of the gums have three or four finger-like projections attached and loose. I have seen some cases as mentioned after cutting the gums away and they had grown back.—C. N. Hawk, D.D.S., Towanda, Kans.

A.—In cases of extreme hypertrophy it is necessary to excise the hypertrophied tissue in connection with the treatment of the cause, the causes being ordinarily excessive amounts of calcareous deposits and general oral filth. In addition to general discresia these cases are very apt to occur in the mouths of those mentally deficient having an excessive flow of viscid saliva. It is claimed by some authorities that there is a tendency to malignancy of these hypertrophies but I have never seen this result. In the absence of malignancy there would be no occasion to use the actual cautery in the removal. The hypertrophy will not be apt to recur if all of the causative conditions are corrected. —G.R.W.

INLAYS

Q.—I have trouble with my inlay work. I do not believe I am well grounded in the basic principles.

Would you kindly recommend me some simple book on inlays, their casting, etc.?—J. Hod Williams, M.D., D.D.S., West Palm Beach, Fla.

A.—I would suggest that you write Dr. K. W. Knapp, 406 6th Ave., South, Minneapolis, Minn., asking for discussion of the technique he uses and advises in casting gold inlays. You will find his technique, when properly carried out, to be quick, accurate and dependable.

The little booklet that he will probably send you starts with the wax pattern after it has been removed from the cavity ready for casting. I might suggest that the cavity preparation, and the making and removing of the wax pattern are very important steps in any inlay technique.

The most important thing in cavity preparation, I believe, is the securing of smooth, slightly converging cavity walls with thoroughly beveled margins. I find it advisable to go over the walls of all cavities with small tapered stones.

The inlay wax cone should be inserted in the properly prepared matrixed cavity, and held under pressure until cooled. It is important that the wax should be confined from all sides, and held under pressure while cooling. When thoroughly cooled, it should be carefully carved to reproduce the normal tooth contour, and in removing from cavity, it is advisable I find after the placing of the spru, to lift the model only slightly from its setting in the cavity, then reseat. Repeat this several times before final, complete removal of wax pat-

tern from the cavity. This is for the purpose of burnishing any tiny undercuts of irregularities, that the natural elasticity of the wax might permit to be carried into the final casting.—V.C.S.

VINCENT'S

Q.—The accompanying radiogram is one presenting a condition by which I am somewhat baffled, and would appreciate your good advice: The patient, a young man of twenty-four years, presented a severe case of Vincent's Angina. The response to treatment was good, apparently all tissue being restored to normalcy, with the exception of gum tissue above lateral tooth (radiogram), which is of a very dark red color. Patient states that this condition has existed since placing of crown about five years ago. History of case gives no evidence of any soreness or discomfort, other than the unusual inflamed condition of the gum tissue.

From the radiogram it is apparent that there is defective root canal filling, but I am inclined to think that there is probably penetration of the mesial wall of the root, but as to this I am uncertain.

As no trouble, other than a persistent pathological condition of the gum tissue has ever been noticeable, naturally the patient is reluctant to have this tooth removed. What would you recommend? Also can you associate any connection with the case of Vincent's? — W. J. Scoggin, Ovid, Colo.

A.—It would be my judgment that the Vincent's infection had nothing to do with the congested area at labial of lateral root.

You do not state whether this dark congested area is at the gingiva, opposite the apical area or opposite the possible perforation toward the end of the post hole where you say you suspect a mesial perforation.

My opinion would be that it is probable that there is a labial perforation at this point instead of a mesial as you suggest.

The imperfect open joint at the distal of the edge of the crown could easily be the cause of irritation and gum congestion at this point. If the congestion centers over the area opposite the end of the post hole, you could investigate for a labial perforation quite easily by lancing the gum and laying it back exposing the bone.

If there is a labial perforation of the root here causing this gum congestion in all probability it has occasioned a perforation of the alveolus also. At any rate, you could see whether the bone here looks healthy.—V.C.S.

DEAFNESS

A.—Is there a case on record where an individual who was totally deaf was benefited in any way —that is—did he regain part or any of his hearing—by the removal of abscessed or non-vital teeth?—J. A. Saffir, D.D.S., Chicago, Ill.

A.—My own records show several cases of deafness relieved by the removal of septic third molar teeth. I have seen marked improvement in one case following extraction of a mouthful of abscessed roots and the insertion of properly-fitted dentures. In cases of deafness where infected teeth are present, you cannot definitely promise relief of the condition from extraction; there may be other causes present. You are justified in urging the removal of hopeless teeth as a very probable benefit. —R.P.M.

TUBERCULAR?

Q.—A young man reported to me with a severe stomatitis. It had been diagnosed at trench mouth by several dentists and skin specialists. Blood tests were negative. No vinent organisms were present in the ulcers. He had been treated with most everything but had no success.

The trouble seemed mostly on the tongue with reddish areas indefi-

nitely surrounded with a greyish band. The popillæ were enlarged. I used a strong solution of zinc chloride and soon had the mouth cleared up.

Now after nine months he comes back with the condition except there is an ulcer about the size of a small pea, and as deep, between the tongue and wisdom tooth.

The tongue yields to the zinc chloride again but nothing seems to help this ulcer. A smear from this ulcer shows only the ordinary mouth bacteria.

He has never had a blood disease or a metallic poisoning. I certainly would appreciate any help you may be able to give along this line.—H. C. Blackburn, D.D.S., Long Beach, Calif.

A.—You have gone into the diagnosis of your case so thoroughly there is very little left for one to base a diagnosis on without seeing the case.

The matter of malignancy ought to be considered, although the symptoms apparently do not point that way. In very rare cases we have a tubercular condition which sometimes looks somewhat as the condition which you describe. So many things are attributable to a disturbance of the metabolism through wrong diet that it would seem wise to go into that matter pretty carefully. In determining if it is malignant a small section would have to be removed and a microscopical examination made.—G.R.W.

MOUTH CORNERS CRACK

Q.—Male patient, about 40 years old, in apparent good health has been wearing full upper vulcanite denture and partial lower vulcanite with tube attachments and gold crowns on right first bicuspid and left cuspid. The plates have been worn about ten months and the corners of the patient's mouth have been cracked and quite sore for some time and says that he never had such trouble previous to wearing the plates. I am at sea regarding the cause and will appreciate whatever assistance you can give.—W. D. Roy, D.D.S., Plentywood, Mont.

A.—I think this cracking at the corners of your patient's mouth is due to the fact that you have not restored the proper facial contour with his denture restorations.

In all probability the bite is too short, and the teeth or gums or both are not contoured sufficiently buccally to prevent the cheeks and lips from sagging with the formation of deep wrinkles at the corners of the mouth into which saliva oozes, causing the cracking.—V.C.S.

SWEET TASTE

Q.—What is the best way to treat sensitiveness of teeth after scaling?

No. 2. I have a patient who complains of a sweetish taste coming from his mouth, especially his anteriors—what is your opinion as to the cause and what treatment would you suggest? — Benjamin Pinsky, D.D.S., Baltimore, Md.

A.—In answer to your first question would say that ordinarily the sensitiveness following scaling needs no treatment. If there is some exposure of the amelo-cemental junction or cementum it can be treated by the following solution with very beneficial results and no stain.

Zinc Chloride	3 111
Tr. Iodine	3 111
Aqua Dest.	3 111

M. Sig. Apply to sensitive areas.

In answer to your second question, I would suspect that this taste comes from near the lower anteriors because its being in the saliva and the great amount of saliva that comes from the sublingual glands. It probably is due to a disturbance of the metabolism from either overeating or eating wrong combinations of food. There is also a possibility of a disturbance of the endocrine system or involvement of the kidneys.—G.R.W.

Your Hotel Reservation

The Housing Committee for the American Dental Association meeting in Minneapolis has compiled a roster of hotels approved by the Minneapolis Civic and Commerce Association and the Hotel Association.

Please be accurate in filling out the reservation form below and send it to the hotel of your choice. You will be advised by the hotel of the receipt and listing of your reservation.

In the event that the reservation of your first choice cannot be made, the hotel manager will forward this blank to the Chairman of the Halls and Hotels Committee. He will place your reservation under either your second or third choice; or, if these are not available, in as favorable a hotel as possible. You will be advised of the name and location of the hotel in which reservation is made and the hour at which the reservation begins. Rooms not occupied at the designated hour of the reservation may be reassigned by the hotel.

Please remember that a reservation constitutes a contract with the hotel to provide you with the accommodations you desire. If you find it impossible to carry out your part of the contract, namely, to occupy the room at the time agreed upon, please write or wire the hotel releasing it, in order that your room may be made available for other members.

MAIL THIS APPLICATION DIRECT TO HOTEL.

HOTEL RESERVATION

American Dental Association, Minneapolis, Minnesota.

August 20 to 24, 1928.

.....Hotel,

Minneapolis, Minnesota.

Dear Sirs: Please make reservation noted below:

.....rooms without bath for ..... persons. Rate: $..... to $..... per day per room.

.....rooms with bath for ..... persons. Rate: $..... to $..... per day per room.

Date of arrival..... Hour.....

Date of leaving.....

Please note the following second and third choice of hotels:

Second choice.....

Third choice.....

Room or rooms will be occupied by:

NAME	ADDRESS IN FULL

Name of applicant.....

Street and Number.....

City and State.....

Please confirm this reservation to applicant. I further agree to notify the hotel immediately in event I am unable to use this reservation.

IMPORTANT TO HOTEL MANAGER:—In event that you cannot accept this reservation, please forward this application at once to Dr. W. C. Naegeli, Chairman Halls and Hotels, American Dental Association, 301 Donaldson Bldg., Minneapolis, Minnesota, who will attend to the assignment of this reservation.

A wide variety of rooms are available to choose from. Make your reservation early. Mail your application now.

Hotel	Address	Rooms	With Bath		Without Bath	
			One Person	Two Persons	One Person	Two Persons
Radisson	7th between Hennepin & Nicollet	500	$3.00—$6.50	$5.00—30.00	$2.00—$2.75	$4.00
Nicollet	Washington at Nicollet	600	2.50— 6.00	4.00— 8.00	2.00	3.50
Curtis	10th St. & 4th Ave. S.	825	2.00— 3.00	3.00— 6.00		
Leamington	3rd Ave. S. at 10th St.	500	2.50— 4.50	3.50— 6.00		
Sheridan	1112 Marquette	450	2.50 up	3.50 up	1.50 up	2.50 up
Andrews	Hennepin & 8th	328	2.50— 6.00	4.00— 7.00	2.00— 2.50	3.00— 3.50
Buckingham	LaSalle & 15th	138	2.50— 3.50	4.00— 6.00		
Camfield	Marquette & 8th	100	1.50— 1.75	2.50	1.25	2.00
Dyckman	6th between Hennepin & Nicollet	300	2.00— 5.00	4.00— 7.00		
Francis Drake	10th St. & 5th Ave. S.	160	2.50— 5.00	3.50— 6.00		
Elgin	Hennepin & 8th	125	1.50	3.00 up	1.00	2.00 up
Hastings	12th & Hawthorne	150	1.75— 4.00	2.50— 5.00		
Maryland	LaSalle & Grant	172	2.00— 2.50	3.00— 3.50		
Plaza	Hennepin & Kenwood Parkway	160	2.50— 6.00	3.50— 6.00		
Pauly	Nicollet & High	48			1.00— 1.50	1.50— 2.00
Rogers	Nicollet & 4th	200	2.00— 2.50	3.50— 5.00	1.25— 1.50	2.50
Russell	16 S 4th St.	125	1.50— 2.50	2.50— 4.00	1.25— 1.50	2.00— 3.00
Senator	314 S 8th St.	80	2.00 up	3.00 up		
St. Regis	Marquette & 9th	58	1.50— 3.00	2.50— 4.00		
Vendome	4th between Hennepin & Nicollet	250	1.75	3.00— 3.50	1.25— 1.50	2.00— 2.50
West	Hennepin & 5th	362	2.00— 4.00	3.00— 5.00	1.50— 2.00	2.50— 3.00

Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He *may* print it—but he won't send it back.

The flapper has her troubles. Some one is always trying to take the boy out of life.

"Doesn't it strike you that that's a queer shaped harp that new woman angel is lugging around?" asked St. Peter with a perplexed frown.

"That isn't a harp, that's a wireless set," answered Gabriel, with a pitying look at his superior. "She's enjoying her husband's howls from Station HLL."

Sister, aged nine, had been sent to grandma's in a nearby city prior to the expected visit of the Stork in her home. Robert, aged eleven, remained at home so he could attend school.

At last the "new arrival" came and father prepared the following telegram and gave it to Robert to take to the telegraph office:

"Laura dear you have a new baby brother tell grandma to get you ready so you can come home tomorrow Saturday affectionately father."

Robert was given a dollar bill to send the telegram and was told he could keep the change. Bob counted the words and figured he could save money if he shortened the message. Here is the telegram he sent:

"Kid here I win the bet come home tomorrow."

Many a negative girl can be developed in a dark room.

"I see where they're planning to erect a monument to Jesse James. If he wuz livin' today he prob'ly wouldn't have been a bandit. No doubt he'd be a taxi driver or a head waiter."

Lady (to tramp): "Do you ever drink intoxicating liquors?"

Tramp: "Before I answer you, lady, I would like to know whether it's a question or an invitation."

"That Mrs. Jones is *so* dull!" gushed Mrs. Glibb, to her intimate friend. "Why, she can scarcely express an idea! I talked to her steadily for an hour the other day and she never said a word. Can you imagine that?"

"Mom," said little Willie, bursting into the house all out of breath, "there's going to be trouble down at the grocer's. His wife has got a baby girl and he's had a 'Boy Wanted' sign in his window for a week."

Officer (to wounded soldier): "So you want me to read your girl's letter to you?"

Pat: "Sure, sor; but as it's rather private will yez please stuff some cotton in yer ears while yez read it?"

"Maw, teacher's awful mean."

"Hush, my son, you shouldn't say that."

"Well, she is. What do you think? She borrowed my knife to sharpen a pencil to give me a bad mark."

She retires in peace
To her first husband's bed,
On her second husband's pillow
She lays her fair head;
Dressed in pajamas
Her third husband wore
She is lulled to sleep
By her fourth husband's snore.